

MICHAEL A. DAVITT
(In the space above enter the full name(s) of the plaintiff(s).)

COMPLAINT

-against-

Jury Trial: ☒ Yes ☐ No
(check one)

- 1) ROCKLAND COUNTY
- 2) TOWN OF RAMAPO
- 3) ROCKLAND SHERIFFS DEPT.

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name MICHAEL A. DAVITT
Street Address 32 MORTON STREET
County, City GARNERVILLE, (ROCKLAND)
State & Zip Code NEW YORK 10923
Telephone Number (845) 241-0560

- B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name ROCKLAND COUNTY
Street Address 11 NEW HEMPSTEAD RD NEW CITY, N.Y.

County, City NEW CITY (ROCKLAND)
 State & Zip Code NEW YORK
 Telephone Number 638-5100 (845)

Defendant No. 2 Name TOWN OF RAMAPO
 Street Address 237 ROUTE 59
 County, City SUFFERN (ROCKLAND)
 State & Zip Code NEW YORK
 Telephone Number 845) 357-5100

Defendant No. 3 Name ROCKLAND COUNTY SHERIFF DEPARTMENT
 Street Address 55 NEW HEMPSTEAD ROAD
 County, City NEW CITY (ROCKLAND)
 State & Zip Code NEW YORK
 Telephone Number _____

Defendant No. 4 Name _____
 Street Address _____
 County, City _____
 State & Zip Code _____
 Telephone Number _____

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? (check all that apply)

☒ Federal Questions

☐ Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue?

1ST, 4TH, 14TH AMENDMENT, CIVIL AND HUMAN RIGHTS, AMERICANS WITH DISABILITIES ACT, FREEDOM OF INFORMATION, FAMILY MEDICAL LEAVE ACT, LIFE LIBERTY PURSUIT OF HAPPINESS, RELIGION, INTERNMENT, COERCION, WITNESS TAMPERING

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship _____

Defendant(s) state(s) of citizenship _____

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events.

You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? ROCKLAND COUNTY

B. What date and approximate time did the events giving rise to your claim(s) occur? IN / AROUND PAST YEAR ALTHOUGH PROGRESSION OF ABUSE VIOLATIONS OF LAW GOING ON FOR YEARS

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

C. Facts: #1, 3, ON OR ABOUT 6/13/13 I PENNED A RIGHT TO SUE LETTER, NAMED WERE SEVERAL ROCKLAND COUNTY DEPTS INCLUDING COUNTY EXECUTIVE, DISTRICT ATT, LEGISLATURE AND SHERIFF AMONG OTHERS. SINCE 2008 I HAD BEEN ATTEMPTING TO GET COUNTY OFFICIALS TO HONOR MY RIGHTS UNDER CONTRACT CIVIL SERVICE ROCKLAND, STATE, FEDERAL LAW, FOLLOWED DIRECTLY WITH ANNOYANCE LETTER AND PROGRESSIVE INTIMIDATION, COERCIVE TACTICS, BY ROCKLAND SHERIFFS DEPT., AS OPPOSED TO IMMEDIATE CORRECTIVE ACTION CALLED FOR BY LAW.

WITHIN DAY OR TWO OF SUBMITTING DOCTORS LETTER TO RETURN TO WORK DETERMINANT WROTE A TRESSPASS LETTER HAND DELIVERED BY SHERIFFS TO MY HOME AND VIOLATED / IGNORED MY ATTEMPTS VIA CIVIL SERVICE LAW ETC TO RETURN TO WORK. PROTECTED PERSON RIGHTS UNDER AMERICAN DISABILITIES ACT AND EXERCISE OF MY 1ST, 4TH AMENDMENT RIGHTS, TORTS, WERE VIOLATED REGULARLY TO SILENCE MY REPORTS OF ILLEGALITIES, VIOLATIONS OF POLICY, LAW RETALIATION, COVERUP, PROGRESSING TO PHYSICAL THREATS SEIZURE OF DOCUMENTS, PHYSICAL ASSAULT LISTED IN 7, 8, CIVILIAN COMPLAINTS.

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. ON OR ABOUT 6/13 RIGHT HAND THUMB BY PERSON WHO REPEATEDLY SAID HE IS A CIVILIAN HOWEVER WHEN I SOUGHT HIS ARREST FOR ASSAULT HE TOOK OUT HIS BRASS BADGE AND CLAIMED TO BE A PLAIN CLOTHS ROCKLAND COUNTY SHERIFFS DETECTIVE AND NOT ARRESTED. I WAS HOSPITALIZED BECAUSE OF SAME. WIFE DUE IN PART HER FEAR AUTHORITIES INTIMIDATION COERCIVE TACTICS. MENTAL PHYSICAL, MONETARY LOSSES DUE TO TREATMENT ATTEMPT LAW FULL REDRESS. ASSAULT LOSS OF FREEDOM, RIGHTS, LIBEL, DEFAMATION, SUBVERSION LOSS OF MY RIGHT TO FULL AND FAIR HEARINGS, DUE PROCESS AND EQUAL PROTECTION OF LAW / S AS A VETERAN CITIZEN, FALSE ARREST ILLEGAL DETENTION / TREATMENT.

(C1)

(L) FACTS 1, 3 CONT'D

SHERIFF WAS MADE AWARE IN WRITING (FIRST CIVILIAN COMPLAINT) THAT STATE AND FEDERAL "DETERMINANTS" WHO "HAS ENGAGED IN OR CONTINUES TO ENGAGE IN" RETALIATION HARASSMENT, SEXUAL, DISCRIMINATION WAS SIGNING LETTERS, ASKING THEM TO DELIVER TO MY HOME, ESCORT/ TRESPASS LETTER ETC., ATTEMPT TO STOP LAWFULL PICKET, HANDING OUT OF CAMPAIGN LITERATURE, ASSAULTS,

NOT ALLOWED AS OTHERS WERE PLACED IN LEGISLATURE AFTER WHICH OWN ATT'Y'S (COMPLAINT) SAID I HAD RIGHT TO DO SO.

* ARREST FOR TRESPASS 6/14/13 WHEN ATTEMPTING TO SEE, DISCUSS RIGHT TO SUE LETTER, CONTINUED VIOLATIONS MY RIGHTS, ROCKLAND HUMAN RIGHTS COMMISSIONER EVEN THOUGH I REMAINED COMPLIANT WITH ANNOUNCE LETTER, THEN CLAIMING MY ANNOUNCE AND ESCORT LETTER WAS BASED ON "MY PAST BEHAVIOR", ... EXERCISING MY CONSTITUTIONAL RIGHTS, SHERIFF COMPLAINTS, ADDRESSING OFFICIALS VIOLATIONS OF POLICY, LAW?

• MY ARREST (LATER DISMISSED) AND ANNOUNCE/ESCORT ATTRIBUTED TO ANOTHER COUNTY WAS THEN USED AS A REASON WHY I COULD NOT BE ON PROBATION AND NINE MONTH SENTENCE IN ANOTHER COUNTY, "DETERMINANT",

(C2) • AFTER MULTIPLE COMPLAINTS OF ATTEMPTS TO DEMONISE ME, "POLITICAL USE OF PSYCHIATRY" BY "DETERMINANTS" AND REVELATIONS OF POLICY, ILLEGALITIES, BY LEGISLATIVE REPRESENTATIVE OF TOWN OF RAMAPO, JUDGE SIMON TOWN OF RAMAPO (AS TRANSCRIPTS WILL SHOW IN TRESPASS APPEARANCE) ORDERED A "PSYCHIATRIC EXAM" FOR NO LAWFULL REASON, AT WHICH TIME I WAS TURNED OVER TO THE ROCKLAND SHERIFFS DEPT. I AILED AND EXAMINED BY PSYCHIATRIST SUBSERVIENT TO "DETERMINANT". BOTH SPECIAL COURT OFFICER AND ASSISTANT DISTRICT ATTORNEY REFUSED TO GIVE THEIR NAMES ON RECORD, FOR KNOWLEDGE?

C2) LIKE ROCKLAND COUNTY RAMAPO TOWN ATTN PRIOR TO THIS COURT APPEARANCE ON 6/25/13 WAS AWARE OF AND GIVEN MY RIGHT TO SUE LETTER, PRIOR. HE ATTEMPTED TO COMPEL ME TO A SOH HEARING PRIOR TO MY FILING SUIT.

C1,2,3 • DENIED RELIGIOUS READING MATERIAL AFTER MULTIPLE REQUESTS FOR BIBLE IN JAIL WHERE I WAS NOT ALLOWED A PHONE CALL, TOLD FAMILY WOULD BE CALLED AND NEVER WERE, WAS DENIED/SLEEP DEPRIVED BY OFFICERS FOR DAYS. NOT GIVEN EVEN TOILET PAPER, SOAP, TOWEL OR TOOTHBRUSH WAS LUCID, DENIED SUICIDAL IDEATION, TO "DETERMINANTS" SUBSURVIENT PHYSICIAN.

• CONTRARY TO A.D.A. AS A PERSON IN RECOVERY 20+ YEARS AFTER FORCED SLEEP DEPRIVATION OFFERED MOOD ALTERING DRUGS (BENZOS OR NARCOTICS) PURPORTEDLY TO "HELP YOU SLEEP." MY LEGAL PAPERWORK CONCERNING ILLEGAL ARREST/UNLAWFUL DETENTION WAS TAKEN BY OFFICERS WHO BROUGHT ME TO JAIL AND AFTER SEVERAL REQUESTS NEVER RETURNED.

• AFTER PSYCH EXAM AND INTERVIEW SEPERATELY BY TWO PSYCHOLOGISTS IN ROCKLAND COUNTY JAIL, APPEARANCE IN RAMAPO COURT COMPETENCY LETTER ADMITTED AND R.O.R. BY JUDGE, REHANDCOFFED BY SHERIFFS AND TOLD I HAD TO AGAIN HAVE A "PYCH EXAM" . . . WHILE STILL IN TOWN OF RAMAPO BUILDING. I WAS FORCIBLY TAKEN BY CIRCUITOUS ROUTE TO GOOD SAMARITAN HOSPITAL (DOCTORS SUB-SURVIENT "DETERMINANT") AND MADE TO GIVE A BLOOD URINE SAMPLE PROBABLY UNDER MISTAKEN BELIEF FORCED SLEEP DEPRIVATION IN JAIL HAD INDUCED ME TO TAKE PROFFERED NARCOTICS, BENZOS,

• FORCED GOOD SAMARITAN VISIT OF OVER 4K WAS THEN BILLED TO ME/MY FAMILY. UNLAWFUL ARREST DETENTION PROGRESSIVE ABUSE MY CIVIL/HUMAN RIGHTS FOR WHISTLEBLOWING.

4/23, PRIOR TO RAMAPO JUDGE PSYCH EXAM ORDER AND
ROCKLAND INCARCERATION I HAD ASKED THOSE NAMED
IN RIGHT TO SOE LETTER TO SETTLE PRIOR TO 7/4/13.

1/20/14 THREE PAGE LETTER TO COUNTY EXECUTIVE ED DAY
FAILURE TO ACT, ON APPROX TEN POINT ALLEGATIONS OF
ILLEGALITIES CORRUPTION CITING SPECIFIC STATE, FEDERAL
CONSTITUTIONAL VIOLATIONS, HUMAN RIGHTS, ROCKLAND LAW,
FURTHER HE IS AWARE OF SIX YEAR ATTEMPTS PRIOR
AT HONORING MY LAWFULL REDRESS. FAILURE TO ACT
COLLUSION / ABETTING SAME.

2/4/14 SIX PAGE LETTER ROCKLAND DISTRICT ATTN
ZUGIBE LISTING SPECIFIC VIOLATIONS OF POLICY ROCKLAND,
STATE, HUMAN RIGHTS, FEDERAL LAW HIS OATHS ARG
SWORN TO UPHOLD, COLLUSION FAILURE TO DEFEND ME
THE INNOCENT OR PROSECUTE THE GUILTY OFFICIALS
INCLUDING "DETERMINANT" PROMOTED TO HEAD LAW
DEPT. CHANGE OF FREEDOM OF INFORMATION OFFICER /
PROCEDURE THE EFFECT OF HINDERING MY LAWFULL REDRESS
COVERUP EVIDENCE ABETTING MY FURTHER ABUSE SINCE
2005. IGNORING R.O.I. REQUEST, VARIOUS POLICE
OFFICERS LAW AND TRANSCRIPT REQUESTS.

HAD MY RIGHTS TO "IMMEDIATE CORRECTIVE ACTION" ROCKLAND
LAW 2004-4 AT A MINIMUM, CALLS FOR SMALL CLAIMS, P.E.R.B.,
72 HEARING, CIVIL SERVICE, STATE FEDERAL "DETERMIN-
ATIONS THE TAPPAN ZEE INCIDENT ETC, ETC AND ALL
THE COLLABORATION OF MY TRUTH / INJUSTICE I AND MY
FAMILY COULD HAVE BEEN SAVED ME. UNABETTED.
MULTIPLE LETTERS SEEKING INTERVENTION SETTLEMENT PRIOR,
CERTAINLY ENOUGH PROOF FOR PROSECUTION UNDER R.I.C.O.

2/24/14 CHIEF PUBLIC DEFENDER LICOTO CLAIMS
"CONFLICT OF INTEREST" AS ROCKLAND COUNTY HUMAN
RIGHTS COMMISSIONER HAS ALSO NOW DONE? TAXATION
WITHOUT REPRESENTATION. JOB TO DEFEND MY RIGHTS.

C4

C1/3 PUT ON FAMILY MEDICAL LEAVE IN VIOLATION OF FEDERAL LAW BY "DETERMINANT". CONTINUED PATTERN OF IGNORING MY FREEDOM OF INFORMATION LAW REQUESTS (PUBLIC OFFICERS) AND INFORMATION REGARDING MEDICAL COVERAGE THEY ACCORDING TO MY STATE, ARE TO PROVIDE.

- LOSS OF MY TWENTY PLUS YEAR RETIREMENT AND BENEFIT DUE TO THEIR VIOLATION OF MY RIGHTS, ILLEGALITIES,

- COMMUNICATIONS BETWEEN FORMER COUNTY EXECUTIVE AND "DETERMINANT" REGARDING WHAT COULD "DESTABILISE ME AND PURSUING A TACTIC TO DO THE SAME, ... NOW EVEN MORE MALICEOUSLY, OVERTLY, DOCUMENTED TRANSCRIPT HER INTIMATE SEXUAL RELATIONSHIP WITH HIM WHICH UNDULY EFFECTED MY SUBJUGATION VIOLATION DUE PROCESS, CIVIL RIGHTS,

- USE OF COUNTY, STATE, FEDERAL TAXPAYER FUNDS TO DEFEND MULTIPLE OFFICIALS CONTRARY TO "GOOD FAITH" PROVISIONS AND CLAIMING "INTERNAL WORK PRODUCT" TO AVOID PROSECUTION HIDE/COVER UP CULPABILITY CONSPIRACY. ATTEMPTS TO "SEAL" RECORDS, TRANSCRIPTS,

3/4/14 - ADDRESS AND DOZENS OF OTHERS PRIOR TO ROCKLAND COUNTY LEGISLATURE AND PROOF PRIOR VIOLATION "IMMEDIATE REPORTING" VIA CERTIFIED DOCUMENTS. OFFERING FALSE DOCUMENTS FOR FILING TO WIT BUDGETS THEY WERE AWARE INFLATING TAX REVENUE, FOR A START. MULTIPLE OFFERS OF SETTLEMENT PRIOR COULD HAVE PROTECTED ME FROM MORE EGREGIOUS VIOLATIONS OF LAW, LOSSES, ABUSE, TAXPAYERS ENVIRONMENT OF CORRUPTION, FISCAL CRISIS, VIOLATION OF HONEST SERVICES, NEGLIGENCE OF FIDUCIARY DUTY, COLLUSION, CONSPIRACY TO SILENCE MY APPEALS ATTEMPTS TO HAVE MY RIGHTS HONORED.

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation. NEW YORK STATE HUMAN RIGHTS PAMPHLET STATES VIOLATION OF THESE RIGHTS "THREATENS THE FOUNDATIONS OF A FREE AND DEMOCRATIC STATE." AS THE VIOLATIONS, COERCIVE ACTS HAVE PROGRESSED I NEED THE COURTS TO BRING CONSEQUENCES TO THOSE WHO HAVE USED THEIR POWER TO OPPRESS AN INNOCENT PERSON, LIKED TO A DICTATORSHIP.

70K X 5 6 YEARS = 420 SEEKING QUICKLY

MEDICAL INSURANCE 102 ROCKLAND COUNTY 117.110

DEF COMP 1590 63 ROCKLAND SHERIFF 117.110

" WITHDRAWAL 60 TOWN OF RAMAPO 117.110

LOST DEF GROWTH APP, 65 351.330,

WITHOUT DAMAGES - 710K

EMOTIONAL, LIBEL, ETC, 1 MILL

1,711,711.00.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 29 day of APRIL, 2014

Signature of Plaintiff

Michael A. Dault

Mailing Address

32 MORTON STREET
GARWERVILLE, N.Y.
10923

Telephone Number

845) 241-5060

Fax Number (if you have one)

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this _____ day of _____, 20____, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff: _____

Inmate Number _____

EX1

PO Petrucci

AFTER 5 DAYS. RETURN TO

ROCKLAND COUNTY DEPARTMENT OF PROBATION

Alison-Parris County Office Building
New City, New York 10956

5/23/13 10AM

SHERIFF NOTIFIED

Mr. Michael Davitt

12 Morton Street

Garnerville, NY 10923

5/13/13 called Vercellone
278-8242 316 PM Rockland
probation "sheriff's dept has been
notified and will be present" will send
copy to him

1092381418

[Barcode]

POLICE DIVISION
ROCKLAND COUNTY SHERIFF'S DEPARTMENT
NEW CITY, NEW YORK 10956

APPEARANCE TICKET

C. P. L. 150.10

22124

TO: LAST NAME	FIRST	INITIAL
DAVITT	Michael	A
STREET ADDRESS		
32 Morton St		
CITY OR TOWN	STATE	ZIP
Garnerville	NY	10923
IDENTIFICATION SHOWN		DATE OF BIRTH
		7/28/57

PRE - ARRAIGNMENT BAIL

PRE-ARRAIGNMENT BAIL IS FIXED IN THE FOLLOWING
AMOUNT _____ RECEIPT WHEREOF
IS HEREBY ACKNOWLEDGED AND THE PERSON ARRESTED HEREIN IS
RELEASED FROM CUSTODY TO APPEAR AS HEREIN DIRECTED.

NOTICE:

IF PROVISION FOR BAIL IS HONORED, OFFICIAL
ACCEPTING BAIL MUST FILL OUT COMPLETE TICKET
ONLY AFTER RECEIVING BAIL.

AUTHORIZED
OFFICER _____DEPT. &
RANK _____

UPON YOUR FAILURE TO APPEAR AS HEREIN DIRECTED, THE BAIL POSTED WILL BE FORFEITED.

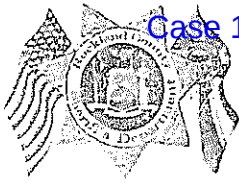
YOU ARE HEREBY NOTIFIED TO APPEAR PERSONALLY IN THE	
Criminal COURT	TOWN OF RAMAPO
237 RT 59	
SUFFERN NY 10901	
ON	JUNE 25 th 19 2013 AT 9:00 A.M.
TO ANSWER A CHARGE OF TRESPASS	
AN OFFENSE	
COMMITTED IN CITY/TOWN/VILLAGE OF	RAMAPO
NEW YORK	
ON THE 14 th DAY OF JUNE	2013 AT 4:20 P.M.
IN VIOLATION OF SECTION 140.05	SUB-DIVISION -
OF THE PENAL LAW	LAW OF THE STATE OF NEW YORK.
ISSUED THIS 14 th DAY OF JUNE	2013
[Signature]	0521
OFFICER'S SIGNATURE	OFFICER'S IDENTIFICATION NO.

NOTICE: DISPOSITION:

UPON YOUR FAILURE TO APPEAR AS ABOVE DIRECTED, A CRIMINAL SUMMONS OR A WARRANT FOR YOUR ARREST MAY BE ISSUED.

Notice: You are entitled to receive a supporting deposition further explaining the charges provided you request such supporting deposition within thirty days
from the date you are directed to appear in court as set forth on this appearance ticket. Do you request a supporting deposition?

☐ YES☐ NO

Rockland County Sheriff's Office
Police Division

EXZ

Civilian Complaint Form

(Refers GO 501)

CONFIDENTIAL

207 PM
6/17/13

Name of complainant: MICHAEL A DAVITT
 Contact address? 32 WILKINSON STREET CARROLLVILLE, N.Y. 10512
 What phone number? Residence: 424-2328 Work: _____
 Date and time of incident: 6/14/13 APPROX 4PM
 Location of incident: POLICE BUILDING (TOWN OF CARROLLVILLE)
 Name of officer(s) or employee(s) against whom complaint is being filed, or other identifying marks (car number, badge number, etc.)
 Rank: SERGEANT Name: UNKNOWN (RESPONSIBLE)
 I.D. # _____ Badge: 6421
 Vehicle: _____

Name(s)/address/phone number or other identifying information concerning any witnesses, if applicable: MAY 9, 2013 PROBATION OFFICER LETTER "SHERIFFS DEPT WILL BE NOTIFIED OF YOUR APPT TIME AND BE PRESENT"

MAY 09 "TRESSPASS LETTER" HAND DELIVERED BY STATE, FEDERAL RETALIATION, DISCRIMINATION, HARASSMENT, "DTERMINANT", "SOL", I GIVEN
 Statement of allegation: PHYSICALLY BARED FROM, HANDCUFFED, ARRESTED WHEN ATTEMPTING TO SEE HUMAN RIGHTS COMMISSIONER ATTEMPTING TO SEEK LEGAL REDRESS
CORCION, VIOLATIONS OF CONTRACTUAL CIVIL SERVICE, CONATO, STATE, FED LAW, HARVEST TREATMENT, OATHS OF OFFICE, SERGEANT OUTSIDE BUILDING (CHECK PHONE) SAME CODE
WHO THREATENED ME WITH HARM/ARREST FOR HAVING PLACARD IN LEGISLATURE
COUNTY EXECUTIVE PRESENT? (SELECTIVE ENFORCEMENT) WHO OTHERS WERE ALLOWED
OR CONFIRMED ALLOWED TO DO CIVIL, HUMAN, CONSTITUTIONAL RIGHTS.

(If further space is needed use reverse side of sheet)

OVER →

I understand that this statement of complaint will be submitted to the Rockland County Sheriff's Department and may be the basis for an investigation. Further, I sincerely and truly declare and affirm that the facts contained herein are complete, accurate, and true to the best of my knowledge and belief. Further, I declare and affirm that my statement has been made by me voluntarily without persuasion, coercion, or promise of any kind.

I understand that, under the regulations of the department, the employee against whom this complaint is filed may be entitled to request a hearing before a board of inquiry. By signing and filing this complaint, I hereby agree to appear before a board of inquiry if requested by the employee, and to testify under oath concerning all matters relevant to this complaint.

The filing of a false statement is a class A misdemeanor in the State of New York. [NYS Penal Law Sect. 135.70]

Signature of Complainant

Date

Refused to sign _____

Signature of Person Receiving Complaint

Date and Time Received

EX 2

INITIALLY I WENT TO CHASE BUILDING AFTER ATTEMPTING TO FILE, LODGE COMPLAINT SEEK HELP FROM ROM NAGUBANDI RECKARDS HUMAN RIGHTS COMM. TO COMPLY WITH C9 TRESS PASS LETTER I WENT TO AND CHECKED IN WITH D-TAP OFFICE (PRIOR EMPLOYEE RIGHTS) 1ST FLOOR EVEN THOUGH I WAS NOT SEEKING THAT OFFICE.

AFTER BEING TOLD NAGUBANDI WAS MOVED AND OFFICE BELIEVED TO BE IN BUILDING C POMONA I WENT THERE, IMMEDIATELY UPON ENTERING BUILDING I TRIED TO CHECK IN AND NO ONE MYSELF AT LITTLE 2'x2' WINDOW OR LEFT AND WAITED APPROX 5 MINUTES AS WOMAN COULD BE SEEN ON PHONE THERE LESS THEN 10' AWAY. ABRUPTLY AFTER FINISHING HER CALL STAFF CLIENT 8 SHE EXITED OFFICE W/O ACKNOWLEDGING ME. AFTER WAITING APPROX 5 MORE MINUTES I TURNED OFF BLACK 10-12" PAW IN WINDOW AND WHISTLED LIGHTLY IN ATTEMPT TO CHECK IN FIND NAGUBANDI'S OFFICE.

MEANWHILE A BLACK FEMALE CAME OUT OF OFFICE ON RIGHT AND TOLD ME AFTER ASKING NAGUBANDI'S OFFICE WAS RIGHT OUTSIDE OF SECOND FLOOR ELEVATOR, UPON ENTERING I TOLD SHORT HAired BLOND WOMAN THERE WHO WAS AND I INSISTED I SIGN IN AS IT WAS REQUIRED TO ANNOUNCE MYSELF STRAIGHT AWAY AS I EXPLAINED TO BLACK MALE IN OUTER OFFICE WITH ME (IT WAS COVERT HARASSMENT FOR REPORTING CORRUPTION) EVILLY.

WHEN HEAD OF OFFICE WHITE MALE (NAMED LATER) CAME OUT, I SAID I THINK YOU NEED TO CALL SECURITY AFTER WHICH HE REFUSED TO CALL NAGUBANDI (HUMAN RIGHTS) OR EVEN TELL ME WHERE HIS OFFICE WAS # OR BUILDING. 1 SECURITY AND TWO SHERIFFS CAME OUT OF ELEVATOR AND REFUSED TO TAKE ME DOWN VIA STAIRWAY ESCORTING ME DOWN VIA ELEVATOR.

SIGNIFICANTLY I EXPLAINED MY THREE ATTEMPTS AT ANNOUNCING MY SELF IMMEDIATELY TO TWO PATROLMAN AND WHEN SERGEANT CAME IN HE NEVER CONFERRED WITH OFFICERS, WAS ON THE PHONE, LITTLE DOUBT WITH A SUPERIOR AND MY ARREST FOR SOME CONCLUSION FROM ABOVE.

HE NEVER HEARD MY SIDE PRIOR TO THAT DECISION INDICATIVE OF AN ESCALATION OF COERCIVE TACTICS I.E. PREVIOUS ASSAULT BY SAME NO CHARGES, * FIRST COMPLAINT (SELF INVESTIGATED) NO DTOOLS? STATE AND FEDERAL HARASSMENT, RETALIATION, DISCRIMINATION DETERMINATION AFTER 4 YEARS INVESTIGATION AND WHY DEPARTMENT SHOULD NOT BE ACTING AS MUSCLE FOR SAME, CHECK EVIDENCE, VERACITY WAS IMPURED/ IGNORED INCREASING VIOLATIONS, OATHS SWORN, MORALE, LEADERSHIP EXPOSING A WEAK GROUP/ ESCALATION, BCCGS, PROP CHARGES FACE FALSE ARREST / SEE INTENT TO SEE LETTER, YOU MUST REMEMBER WATERGATE HEARINGS "THE MISUSE OF POWER IS THE ESSENCE OF TYRANNY." THIS A FEW WEEKS AFTER A JUDGE REMOVED MY PRESENTING APPOINTMENT FROM ROCKLAND BECAUSE OF ROCKLANDS / YOUR. PROTECTING OF SAME'S BEHAVIOR, IMPLOREING VIOLENCE,

MICHAEL A DAVITT



COUNTY OF ROCKLAND
DEPARTMENT OF PROBATION
Allison-Parris County Office Bldg.
New City, New York 10956
Tel. (845) 638-6544
Fax (845) 638-6648

C. SCOTT VANDERHOEF
County Executive

Michael Davitt
12 Morton Street
Garnerville, NY 10923

May 9, 2013

*Mr. Greenburgh 6/21/13
EX-3
Yesterday it was my
intention to hand deliver
enclosed paper threat
to see letter to all
relevant parties. After
was told by sheriff's
dept (being) to mail some.
This is specific as if
only sent low dept
"document" may happen
Michael A. Petrucci*

Dear: Mr. Davitt

As per the order of the Greenburgh Town Justice Court, relative to your case pending there, you are to undergo an investigation by our department. The initial step requires a personal interview and therefore, an appointment for you has been scheduled with the undersigned Probation Officer on:

Thursday May 23, 2013, at 10:00am.

This interview will take place at the Probation Office which is located on the 2nd floor of the Rockland County Office Building, 11 New Hempstead Rd., New City, NY. The Rockland County Sheriff's department will be notified of your appointment time and be present at this office.

The following information, if applicable, should be brought with you to the interview, along with the enclosed questionnaire:

Birth/Baptismal Certificate	Social Security Card	Verification of Education (diploma)
Military Discharge Papers (DD 214)	Alien Registration Card	Driver's License
Verification of Employment (Paystub/W-2 Forms/Tax returns)		Medical/treatment provider records

If your current charge before the Court involves a Drinking and Driving Offense please also bring the following:

Registration, Insurance and Title of all cars you own.

Please be advised that if you do not bring the above information with you to the interview, you may be given a new date subsequent to the interview to provide this information.

Should you have any questions regarding the above, you may contact the undersigned at (845) 708-7127

Thank you for your cooperation.

Very truly yours,

Cherron Petrucci
Cherron Petrucci
Probation Officer

PS. - If you are under 18 years of age, please have a parent accompany you to this interview.



Bon Secours Charity Health System
Good Samaritan Hospital
255 Lafayette Ave. (Route 59)
Suffern, New York 10901-4869
CHANGE SERVICE REQUESTED

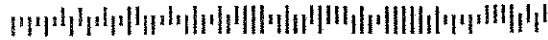
274

02/28/14

ACCOUNT IDENTIFICATION

Patient:	Michael Davitt
Account #:	16113763
Balance:	\$166.22
Service Date:	06/27/13

GSHAI4 255233854



PERSONAL & CONFIDENTIAL

Michael Davitt
32 Morton St
Garnerville NY 10923-1420

THIS IS A BILL

Dear Michael Davitt:

We wish to inform you that your account is seriously DELINQUENT! If we do not receive the balance in full within thirty (30) days, we will recommend that the account be referred to a professional collection agency. You will be responsible for the unpaid balance plus reasonable cost of collection, including attorney fees.

Payment may be made either by phone or by mail using your credit card or checking account. If paying your balance in full is not possible, please call our Customer Service Center. They will explain our extended payment options including our financial assistance program to you.

We look forward to your response to these letter within the next 30 days.

Payments or adjustments made in the last five (5) days are not reflected in this notice. Please disregard this notice if payment has been made by you or if payment from the insurance carrier has been verified.

Thank you for your assistance.

This is a final notice.

For more information regarding our financial assistance program or to print an application please visit <http://charity.bonsecours.com/patients-and-visitors-financial-assistance.html>.

PLEASE RETURN LOWER PORTION WITH YOUR PAYMENT

224CU104439GSHAI4

Make check payable to:
GOOD SAMARITAN HOSPITAL

Please call our Customer Service Center or pay on-line if a credit card payment is needed to be applied to an account.

Pay on-line: <https://bonsecours.parathon.com> or call our Customer Service Center they will be happy to process a credit card payment.

Date:	02/28/14
Patient:	Michael Davitt
Account #:	16113763
Service Date:	06/27/13
Balance:	\$166.22

Customer Service Center
Toll Free 888-349-9812
8:30 AM to 1:00 PM
2:00 PM to 5:00 PM
Monday through Friday

Good Samaritan Hospital
PO Box 742747
Atlanta GA 30384-2747



Calls/Inquiries may be monitored for quality control.

Please visit us at www.bonsecours.com and take advantage of our new online billing tool *Online Account Manager*

EXD

CERTIFICATE OF DISPOSITION

STATE OF NEW YORK
ROCKLAND COUNTY

JUDGE
SIMON
6/25/14

RAMAPO JUSTICE COURT
CRIMINAL PART

PEOPLE OF THE STATE OF NEW YORK

VS.

MICHAEL A. DAVITT; Defendant

CASE NO: 13060378

Date of Birth: 07/28/1957
Date of Arrest: 06/14/2013
Disposition Date: 10/17/2013

Section Charged	Section Disposed	Ticket No & Description	Disposition	Fine	Civil-Fee	Surchg
PL 140.05	PL 140.05	22124 TRESPASS	DISMISSED	0.00	0.00	0.00

Upon a proper request for an official statement of disposition, I certify that the above named defendant having appeared before this court, each of the charges was disposed of as indicated.

Dated: The 4th day of March 2014

DAVID J. STEIN
TOWN JUSTICE

Hon. David J. Stein

NOTE: A copy of the request will be filed with this certificate in the case records.

CAUTION: This information must not be divulged if the case is sealed or where the defendant has been adjudicated a youthful offender.

Copies: ___ Court, ___ Defendant, ___ Agency, ___ DA

ROCKLAND COUNTY EXECUTIVE

JANUARY 20, 14

EDWARD DAP?

SAT 1/25/14 LEFT FRONT
TIRESIDE WALL PORTRUED

FIRST I WOULD SUGGEST YOU FIND WHAT THE
TAXPAYER PAID LAW FIRM SARETSKY, KATZ, DRANOFF
AND GLASS HAS CHARGED ROCKLAND COUNTY TO
AVERT RESPONSIBILITY REGARDING EMPLOYEE
MALTREATMENT OF MYSELF, OTHERS BY MENTAL
HEALTH COMMISSIONER WALSH-TOZER AND
COUNTY ATTORNEY FORTUNATO,

INSTEAD OF COMPLYING WITH ROCKLAND
COUNTY HUMAN RIGHTS LAW 2004-H (AT A
MINIMUM) AS WRITTEN, THE LEGISLATURE DID
THE OPPOSITE, ENJOINING ITSELF TO AND
BECOMING / ABETTING, ESCALATING PROGRESSIVE
ABUSES, VIOLATING, STATE, FEDERAL, CONSTITUT-
TIONAL RIGHTS, LAW. EXEMPLATIVE OF THIS IS
ACTIONS TAKEN TO COVERUP, SUPPRESS ITS WRO-
DOING BY INSISTING I BE ESCORTED (TORT) DURING
PUBLIC LEGISLATIVE SESSIONS, SEIZURE OF FREEDOM
OF INFORMATION LAW REQUESTS TO LEGALLY
GARNER EVIDENCE, DISRUPTION MY ATTEMPTS TO
LAWFULLY PICKET, GIVING ME AN ANNOUNCE MYSELF
ESCORT LETTER, SEVEN OR EIGHT SELF INVESTIGATED
SHERIFFS COMPLAINTS (INCLUDING ASSAULT),
VISITS BY SAME TO HAND DELIVER TO MY HOME LETTERS
BY "DETERMINANT", AND CORRELATION BETWEEN MY
ATTEMPTS AT JUSTICE, CHRONOLOGY COUNTIES RESPONSES

ROCKLANDS POLITICAL USE OF PSYCHIATRY AND
 DEMONIZATION OF MYSELF ONLY SHOW THE VERACITY
 OF MY CLAIMS, RIGHTOUSNESS MY CAUSE, DEMOGAGUERY
 ROCKLANDS OUT OF CONTROL OFFICIALS, PERHAPS
 DETERMINANTS REFUSAL TO DROP AN INTIMATE SEXUAL
 RELATIONSHIP WITH THE FORMER COUNTY EXECUTIVE
 AND REFUSAL TO ANSWER DOZENS OF QUESTIONS IN
 FEDERAL COURT, MY OTHER ATTEMPTS SETTLEMENT,
 MANIPULATION OF CASES LEGAL SHOW WHY PRETT
 BAHAMRA FEDERAL PROSECUTOR FOR SOUTHERN NEW
 YORK SAID "CORRUPTION IN NEW YORK IS INDEED
 RAMPANT."

CONTINUED ATTEMPTS TO PUNISH ME HAVE ONLY
 BROUGHT FURTHER CREDENCE TO MY ILLICIT TREATMENT,
 AND BROUGHT, FINALLY, THE SPOTLIGHT ON ROCKLAND
 OFFICIALS BEHAVIOR. FIRSTLY IF COUNTY ATTORNEY
 FORTUNATO AND COMM WALSH-TOZER ARE STILL
 RETAINED BY ROCKLAND COUNTY THE TERMS BELOW
 ARE VOIDED. A SETTLEMENT OFFER MUST BE MADE IN
 THE NEXT MONTH OR SO AS AFTER PUTTING IN AN
 INTENT TO SUE LETTER COERCIVE BEHAVIOR
 PROGRESSED AS PUNISHMENT IE:

• WHEN ATTEMPTING TO SEE HUMAN RIGHTS COMM.
 VAGABUNDI IN COMPLIANCE WITH ILLICIT ANNOUNCE
 LETTER I WAS ARRESTED BY ROCKLAND SHERIFFS AT
 REQUEST OF ROCKLAND OFFICIALS. COPY SENT NEW YORK
 STATE DIVISION HUMAN RIGHTS.

• CORRELATION WITHIN WEEK, TEN DAYS SUSPENSION

DIRECTOR OF HOSPITALS, POMONA.

• TRESPASS CHARGES DROPPED AFTER POLITICAL USE
OF PSYCHIATRY ILLEGAL ARREST, DETENTION IN
ROCKLAND COUNTY JAIL UNDER THE GUISE OF A

PSYCHIATRIC EXAM.

• PSYCHIATRISTS THERE ARE AGENTS OF SUBORDINATE
TO DETERMINANT COMM. WALSH-TOZER,

• SPECIAL PRISONER TREATMENT SUBJECTED TO WHILE IN
ROCKLAND JAIL, INCLUDING ATTEMPTS TO GET ME

TO TAKE DRUGS, COMPROMISE MY SOBRIETY 20+ YEARS,
AS A PROTECTED PERSON ACCORDING TO A.D.A.,

• REARRESTING/DETAINING ME AFTER SAID EXAMS
AND NEW COURT DATE, RELEASE BY JUDGE AGAIN
UNDER GUISE OF PSYCHIATRIC EXAM.

• INCARCERATED UNDER NINE MONTH SENTENCE DOE
IN PART TO NOT BEING ALLOWED IN ROCKLAND COUNTY
BUILDINGS; DENIED PROBATION BECAUSE OF SPEC. VIOLATION

• SENTENCE BASED ON FALSE SENTENCE REPORT.

• CORRELATION MY INTERMENT ROCKLANDS REFUSAL TO
ADHERE TO LAW, MANIPULATION COURTS EVIDENCE OFFERED
SMALL CLAIMS, 72 HEARING, CIVIL SERVICE, PIER 8, ETC.

• EFFECTS PECUNIARY, EMOTIONAL, FAMILIAL RELATIONS
DUE TO VIOLATION, HONEST SERVICES, PUBLIC OFFICERS, STATE
FEDERAL, LOCAL, CONSTITUTIONAL LAWS, I DESIRE TO

LEAVE NEW YORK DUE TO THIS BETRAYAL HOWEVER IF

NOT RENUNERATED SOON WILL CONTINUE MY GOD GIVEN,

LAW GIVEN RIGHT TO JUSTICE.

Michael South
241-5060

ROCKLAND COUNTY DISTRICT ATTORNEY?

EX7 ①
2/9/14

MY UNDERSTANDING OF ACTACHQ IS NOT AUTODIDACT
BUT ATTRIBUTTABLE TO MALFEASANCE AT BEST, IN
BETRAYAL OF MULTIPLE CONTRACTS, LAWS, PROCEDURES
IN PLACE TO PROTECT MY RIGHTS AND OUR SYSTEM OF
GOVERNMENT.

WITHIN ONE WEEK OR TEN DAYS OF REQUESTING WHAT
AS HEAD OF J.C.O.P.E. JOINT COMMISSION ON PUBLIC
INTEGRITY THE WESTCHESTER DISTRICT ATTORNEY HAD
DONE REGARDING THE COVERUP, RETALIATION AND
CONDUCT OF CASES ENUMERATED ON MY BANNER
I RISKED MY LIFE TO EXPOSE, IN AN EFFORT TO GET
JUSTICE, SHE WAS NO LONGER HEAD OF SAME AND
THE MORLAND COMMISSION WAS BEGUN. AS ANY
NOVICE IS AWARE, YOU AS A MEMBER OF ABOVE WERE
GRANTED SPECIAL POWERS BY SAME WHICH CONVERSELY
COULD BE CONSTRUED AS SPECIAL RESPONSIBILITY.

AS I ENTER MY APPEALS TO YOU I AM KEENLY AWARE
OF YOUR OFFICES/AGENTS ACTIONS IN ACTIONS STARTING
IN FEBRUARY 08 HAVE, AS A PATTERN, PERSECUTED
AS OPPOSED TO OLIVIATED MY/CITIZENS RIGHTS.
ALTHOUGH IT LESS THEN ONE YEAR AFTER THE TAPPAN ZEE
INCIDENT THE ROCKLAND COUNTY EXECUTIVE SAID
HE WAS LEAVING OFFICE (AND PERHAPS BECAUSE OF
THIS) MY PERSECUTION, AND FAILURE TO MAKE ME
WHOLE PROGRESSES. I WISH TO LEAVE NEW YORK
IF ROCKLAND PAYS MY PECUNIARY DAMAGES, OR

ELSE I MUST CONTINUE MY RIGHTEOUS CRUSADE

- ARREST FOR TRESPASS BASED ON LETTER WRITTEN BY PROBABLE CAUSE DETERMINANT HAD DELIVERED BY ARMED MEN TO MY HOME VIA ROCKLAND SHERIFFS, WHEN ATTEMPTING TO SEE ROCKLAND HUMAN RIGHTS COMMISSIONER AND COMPLYING WITH SAID LETTER IN SPITE OF ITS TORT VIOLATIONS, TO NOT MAKE ME LOOK LIKE A CRIMINAL/RESTRICT F.G.I. REQUESTS/EVIDENCE. LETTER SENT CIVIL RIGHTS DIVISION.
- SEVEN OR EIGHT CIVILIAN COMPLAINTS (INCLUDING ASSAULT) SELF INVESTIGATED BY ROCKLAND SHERIFF AFTER INFORMING THEM YEARS PRIOR; STATE, FED PROBABLE CAUSE DETERMINATIONS.
- AFTER INTENT TO SUE LETTERS MULTIPLE COUNTY DEPARTMENTS, TOWNS, INCARCERATION IN ROCKLAND COUNTY JAIL FOR DAYS UNDER THE GUISE OF PSYCHIATRIC EXAMINATION BY PERSONS SUBORDINATE TO DETERMINANT.
- SPECIAL TREATMENT TORTURE WHILE IN/DURING AFOREMENTIONED CONFINEMENT AFTER HAVING BEEN IMPLICATED IN SAID RIGHT TO SUE LETTER. SLEEP DEPRIVATION ETC, ETC, ISOLATION.
- NO CHANGE OF VENUE HAVING TO GO TO SAME COURT/TOWN WHERE RELATIVES OF LEGISLATURE WHO VIOLATED ROCKLAND LAW 2004-4 WHICH MIMICS STATE, FEDERAL LAW AND USED COERCIVE TACTICS, TO RESTRICT MY FIRST, FOURTEENTH AMENDMENT RIGHTS ARE JUDGES, SAME LEGISLATURE

ILLEGAL CHICKEN SLAUGHTERING FACTORY DURING BIRD
FW CRISIS, SCHOOLBOARD, OPEN F.B.I. INVESTIGATION,
AND TOWN SUBJECT TO RIGHT TO SEE LETTER,
• TIMING MY ARREST AND SUSPENSION OF COMMISSIONER
OF HOSPITALS, SENTENCING/FALSE REPORT,
• BEING ARRESTED AND BARRED FROM COUNTY BUILDINGS,
THEN USED TO ATTEMPT TO JUSTIFY MY SENTENCE TO
NINE MONTHS IN JAIL INSTEAD OF PROBATION AFTER
OVER TWENTY PLUS YEARS OF NO ARREST,
• AFTER PSYCH EXAM BY DETERMINANTS SUBORDINATE
AND ALSO TWO PSYCHOLOGISTS, BROUGHT TO JAIL AND
AFTER BEING RELEASED BY JUDGE AND NEW COURT
DATE SET BY SAME I WAS DETAINED, REHANDCUFFED
AND TAKEN AWAY BY SHERIFFS DEPT, PRIOR TO
LEAVING THE BUILDING. AFTER RELEASE BY JUDGE
THEY CLAIMED THIS NEW UNLAWFUL ARREST WAS
BECAUSE "YOU HAVE TO HAVE A PSYCH EXAM." SHERIFF
WELL AWARE NO POLICE LETTER EXISTED AND CONFISCATED
MY LEGAL PAPERWORK, RE: FALSE ARREST, ILLEGAL
DETENTION; REFUSING AFTER MULTIPLE REQUESTS TO
RETURN SAME.
— I FORMALLY REQUEST A TRANSCRIPT OF MY COURT
APPEARANCES FOR TRESPASS, PSYCH EVALUATION
ORDERED BY JUDGE AS I WAS REPRESENTED BY PUBLIC
DEFENDERS OFFICE/PRO BOND AS AN INDIGANT. AS A
MATTER OF ROUTINE I AM IN POSSESSION OF THE CIVILIAN
LEGAL AID SOCIETY/PUBLIC DEFENDERS LETTER FROM

WESTCHESTER SHOWING THIS REQUEST (FREE TRANSCRIPTS),

IS DONE ON A REGULAR BASIS.

• INSTEAD OF BEING TAKEN FROM RAMAPO COURT DIRECTLY TO GOOD SAMARITAN HOSPITAL I WAS TAKEN VIA BACKROADS TO THE SHERIFFS DEPT. IN NEW CITY WHERE I WAS REPEATEDLY ASKED TO DO THINGS THE HARD WAY, TURNED OVER TO OTHERS WHO TRANSPORTED ME TO GOOD SAMARITAN HOSPITAL, AGAIN WHERE SEVERAL OF THE PSYCHIATRISTS WERE RECOGNISED AS SUBORDINATE COUNTY EMPLOYEES TO DETERMINANT.

• CURRENTLY UNNAMED OFFICER USED THIS OPPORTUNITY (WHILE HANDCUFFED) TO TWIST REINFORCE MY DISABLED RIGHT HAND, ARM, PORPORTING I WAS RESISTING HIM TAKING THE HANDCUFFS OFF.

• I WAS FORCED TO DISROBE, MY BELONGINGS SEIZED AND SUBJECTED TO A FORCED BLOOD, URINE TEST. POST SCRIPT IT FOLLOWS THE POLITICAL USE OF PSYCHIATRY PROGRESSED TO INCARCERATION, DEGRADATION, SLEEP DEPRIVATION, ATTEMPTS TO DRUG ME, HENCE IN SPITE OF ITS ILLEGALITY THE INSISTANCE OF DRUG, URINE TESTING, MULTIPLE EXAMINATIONS, BY SUBORDINANTS, IN A SICK ATTEMPT TO PUNISH ME, VIA OFFICIALS ROCKLAND.

— I WAS NOT ALLOWED EVEN A BIBLE (RELIGIOUS FREEDOM) AFTER MULTIPLE REQUESTS TO READ WHILE INCARCERATED IN ROCKLAND COUNTY, WHERE PERHAPS THE FORTY TWO CHAPTERS OF JOB WOULD HAVE BEEN APPROPRIATE.

- THESE ACTIONS OCCURRED WHILE MY FEDERAL CASE WAS STILL OPEN/Appealed AFTER DETERMINANTS INCLUDING MEMBER OF LAW DEPT. (PROMOTED) WAS ADJUDGED TO HAVE ENGAGED IN OR CURRENTLY ENGAGED IN SEXUAL HARASSMENT, RETALIATION, DISCRIMINATION, A.D.A. ETC.
 - THE AWARENESS OF AND ATTEMPTS TO DISTANCE, CHANGE ACCESS TO RECORDS, ETC. LACK OF POSITIVE ENFORCEMENT, ACTION, ABETTS CULPABILITY AND IS WELL DOCUMENTED/PROVED IN ITS ABSENCE.
 - ATTEMPTS TO GET ME TO PAY FOR LOST REVENUE BY OFFICIALS REGARDING TAPPAN ZEE INCIDENT WHICH WAS DESIGNED TO REVEAL COVERUP, CORRUPTION, SUPPRESSION OF RIGHTS/TRUTH WHILE JERSEY GOVERNORS BRIDGE SCANDAL WAS AN ACT OF CORRUPTION/BULLYING.
 - REFUSAL OF ROCKLAND COUNTY A.D.A (RAMARO) AND COURT OFFICER (NO INSIGNA) TO GIVE ME THEIR NAMES ON RECORD TRANSCRIPT, ATTEMPTING TO SHIELD SET-UP, MALFEASANCE.
- I HAVE SENT MR. DAY THE NEW COUNTY EXECUTIVE A BRIEF CERTIFIED LETTER SIGNED FOR ON 1/24/14 SEEKING A QUICK SETTLEMENT UNLIKE THE DOUBLE ACHIEVED IN BOOK OF JOB. A SHORT WINDOW EXISTS, HOWEVER SHOULD YOU DESIRE TO EMPLOY SARETSKY, KATZ, DRANOFF AND GLASS AGAIN I WILL BE GLAD TO POINT OUT ITS CONSEQUENCE AND REFUSAL TO ANSWER DOZENS OF QUESTIONS IN FEDERAL COURT, WITH LINKS TO HEAD OF ROCKLANDS BUSINESS COUNCIL, MONIES SPENT ON EMPLOYEE MENTAL HEALTH CASES THUS FAR.

EX76

AS I HAD EIGHTEEN OR SO YEARS EMPLOYED WITH ROCKLAND
 MY RETIREMENT WAS BASED ON 1.66 PER ANNUM AS AT
 TWENTY PLUS YEARS IT WOULD BE 2.00 PER, NOW ALMOST
 SIX YEARS AGO, I LOST CLOSE TO ONE YEARS ACCURED TIME
 SAVED AND 15% DEFERRED COMPENSATION. I WAS PUT
 ON FAMILY MEDICAL LEAVE WITHOUT MY KNOWLEDGE (FED LAW)
 AND REPEATED REQUESTS FOR MY MEDICAL BENEFITS
 IGNORED. AS NOTED IN FEDERAL TRIAL MY WIFE LEFT ME
 DUE IN PART TO DETERMINANTS' COERCING TACTICS, PHONE
 CALLS ETC. AND MY FATHER DIED AWAITING RESOLUTION
 OF MY TROUBLES WITH ROCKLAND COUNTY... AS SUCH I
 AWAIT GOOD NEWS FOR MY WIFE WHO WILL RETURN FROM
 VACATION IN A FEW WEEKS. LIKE MY FATHER FREEDOM
 I SWT FREE, I EARNED IT, TO CONTINUE TO IMPONE MY
 CHARACTER WILL BE MET WITH REDEWED VIGOR, PROBABLY
 PROGRESSIVE COERCIVE / ILLEGAL ACTS STRENGTHENING
 MY CASE AND COUNTIES COLPABILITY, LIABILITY TO TAXPAYERS,
 WHILE A POLITICAL PRISONER IN JAIL I WAS PRESIDENT
 OF MY SIXTY BED UNIT, WROTE A SHORT BOOK ABOUT THE
 INAPPROPRIATE BEHAVIOR / CONDUCT OF AND SUPPRESSION
 OF TRUTH IN MY ATTEMPTS AT JUSTICE BY ROCKLAND OFFICIALS
 AND GOT MY WEIGHT UP. MY CASES / TREATMENT SERVES AS A
 WHITE PAPER, DIRECT EVIDENCE, FOR THE FEDERAL PROSECUTOR
 PRETT BAHARAH'S QUOTE " THAT CORRUPTION IN NEW YORK
 IS INDEED RAMPANT," MY RESOLUTION, CONSTITUTIONAL
 AMENDMENT. YOUR TIMELY REPLY NOW REPLY WILL BE DULY
 NOTED. Michael 'Boycott' Davis 32 MORTON ST
 GARDENVILLE, N.Y.
 10923

ROCKLAND COUNTY DISTRICT ATTORNEY?

2/4/14

MY UNDERSTANDING OF ACTAHP IS NOT AUTOLOGICAL
BUT ATTRIBUTABLE TO MALFEASANCE AT BEST, IN
BETRAYAL OF MULTIPLE CONTRACTS, LAWS, PROCEDURES
IN PLACE TO PROTECT MY RIGHTS AND OUR SYSTEM OF
GOVERNMENT.

WITHIN ONE WEEK OR TEN DAYS OF REQUESTING WHAT
AS HEAD OF J.C.O.P.F. JOINT COMMISSION ON PUBLIC
INTEGRITY THE WESTCHESTER DISTRICT ATTORNEY HAD
DONE REGARDING THE COVERUP, RETALIATION AND
CONDUCT OF CASES ENUNERATED ON MY BANNER
I RISKED MY LIFE TO EXPOSE, IN AN EFFORT TO GET
JUSTICE, SHE WAS NO LONGER HEAD OF SAME AND
THE MORLAND COMMISSION WAS BEGUN. AS ANY
NOVICE IS AWARE, YOU AS A MEMBER OF ABOVE WERE
GRANTED 'SPECIAL' POWERS BY SAME WHICH CONVERSELY
COULD BE CONSTRUED AS 'SPECIAL' RESPONSIBILITY.

AS I ENTER MY APPEALS TO YOU I AM KEENLY AWARE
OF YOUR OFFICES/AGENTS ACTIONS IN ACTIONS STARTING
IN FEBRUARY 08 HAVE, AS A PATTERN, PERSECUTED
AS OPPOSED TO OBLIVATED MY/CITIZENS RIGHTS.

ALTHOUGH IT LESS THEN ONE YEAR AFTER THE THAPPA ZEE
INCIDENT THE ROCKLAND COUNTY EXECUTIVE SAID
HE WAS LEAVING OFFICE (AND PERHAPS BECAUSE OF

THIS) MY PERSECUTION, AND FAILURE TO MAKE ME
WHOLE PROGRESSES. I WOULD NOT LEAVE NEW YORK
IF ROCKLAND PAYS MY RECONSTRUCTION, DAMAGES, OR

2015 FEB -4 PM 3:44
DISTRICT ATTORNEY
ROCKLAND COUNTY
RECEIVED

EX81.

COUNTY LEGISLATURE:

3/4/14

Firstly those who are brand new to this body I apologise should you be unaware of more senior members inappropriate behavior toward my righteous cause... this begins your culpability. As opposed to compliance with at a minimum Rockland law 2004-4, efforts to coverup its malfeasance have progressed to assault, imprisonment, attempts to drug me, coercive acts designed to usurp the truth.

The head of the Rockland County Public defenders office and Commissioner of human Rights claim against common sense, "conflict of interest".

The legislative attorney contrary to tort law, first amendment, insisted I announce my presence and subsequent escort by armed men. This led to seizure of F.O.I.L requests and arrest to prevent me from meeting with the human rights commissioner, and county law library.

Arrest (which was dismissed) and inability to be in county buildings, unescorted was cited as a justification for incarceration as opposed to probation.

Further under the guise of trespass arrest I was turned over to Doctors for a psychiatric exam (which for some reason entailed being locked up for days in the county jail) by their sub service to the commissioner of mental health, whom I have a state, federal probable cause determination against for retaliation, harassment and discrimination. I was put in a paper suit and not given any blanket or toilet paper, sleep deprived, denied even a bible. The chronology of these events within approx one week of an intent to sue letter and seven or more prior

"self-investigated" civilian complaints including assaults is self explanatory.

Unbeknownst by me after seeing subervient psychiatrist, ~~and~~ then later two psychologists and being released, ~~and~~ court date reset by judge, I was then rehandcuffed again under the veil of another psychiatric exam, to be held at Good Samaritan hospital.

Apparently the design of sleep deprivation was to induce me to take medications which would upon insistence of blood, urine work at Good Samaritan hospital have me test positive for opiates, benzodiazepines, this is by definition malicious, at best.

As letters have already been written to the district attorney, county executive and state attorney general this is your opportunity to settle this now, on ~~an~~ offer awaited prior to litigation, progression of culpability.

Note corridor of corruption which runs through ~~past~~ and end retirement of county executive almighty more to come, since my attempts at justice started in 08.
Duly noted.

"surrender my time"
"Abortion is barbarism"
Harold

Michael Rowitt

EX-9

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature Harry Hagopian <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p>	
<p>1. Article Addressed to:</p> <p>EDWARD DAY COUNTY EXECUTIVE 11 NEW HEMPSTEAD RD. NEW CITY, N.Y. 10956</p>		<p>B. Received by (Printed Name) Harry Hagopian C. Date of Delivery JAN 24 2014</p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
		<p>3. Service Type USPS</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label) 7013 2630 0000 4319 1729</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature F. Garcia <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p>	
<p>1. Article Addressed to: EYES ONLY</p> <p>DISTRICT ATTN ZUGIBE C/O 11 NEW HEMPSTEAD RD NEW CITY, N.Y. 10956</p>		<p>B. Received by (Printed Name) F. Garcia C. Date of Delivery JUL 15 2013</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
		<p>3. Service Type USPS</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from) 7012 1010 0000 0266 1627</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Lenor Arce

(In the space above enter the full name(s) of the plaintiff(s)/petitioner(s).)

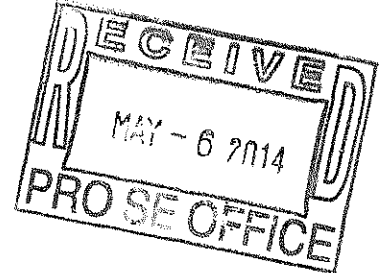
___ Civ. ___ () ()

-against-

W onice Thomas - 67 Perry Ave
W onice Charles 1341 1st Ave
May-Ribert Garza 111 Oak Ave

(In the space above enter the full name(s) of the defendant(s)/respondent(s).)

REQUEST TO PROCEED
IN FORMA PAUPERIS



I, Lenor Arce, (print or type your name) am the plaintiff/petitioner in the above entitled case and I hereby request to proceed *in forma pauperis* and without being required to prepay fees or costs or give security. I state that because of my poverty I am unable to pay the costs of said proceeding or to give security therefor, and that I believe I am entitled to redress.

1. If you are presently employed:
 - a) give the name and address of your employer
 - b) state the amount of your earnings per month

no work

2. If you are NOT PRESENTLY EMPLOYED:
 - a) state the date of start and termination of your last employment
 - b) state your earnings per month

YOU MUST ANSWER THIS QUESTION EVEN IF YOU ARE INCARCERATED.

3. Have you received, within the past twelve months, any money from any source? If so, name the source and the amount of money you received.

a) Are you receiving any public benefits? ☒ No. ☒ Yes, \$ _____

b) Do you receive any income from any other source? ☐ No. ☒ Yes, \$ SSA

4. Do you have any money, including any money in a checking or savings account? If so, how much?

☒ No. ☐ Yes, \$ _____.

5. Do you own any apartment, house, or building, stock, bonds, notes, automobiles or other property? If the answer is yes, describe the property and state its approximate value.

☒ No. ☐ Yes, \$ _____.

6. Do you pay for rent or for a mortgage? If so, how much each month?

☐ No. ☒ Yes, *Tax High*

7. List the person(s) that you pay money to support and the amount you pay each month.

Loren Arce

8. State any special financial circumstances which the Court should consider.

SSI -

I understand that the Court shall dismiss this case if I give a false answer to any questions in this declaration.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this _____ day of _____, _____
date month year

Loren Arce

Signature

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

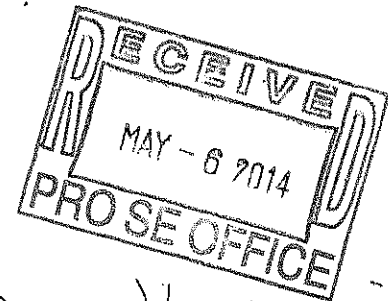
Lenor ARCE
MARY GRIFFIN - ROBERTSON Robert
Timothy LUTKE

(In the space above enter the full name(s) of the plaintiff(s).)

COMPLAINT

-against-

Mary Ann - Alfred - Chriss DELIA
Thomas & Adele FURSYTH
Joseph McGinniss - Son - Al Spid man Welfare
Michael Connors - H
Monica - Chriss - Thane SCOTT
Lee Michael - Brain - Father - Mother
McGinnis - Danny - Thomas
Simmons - GARYL Sandy
Miranda - Santino - Niles - Tanya Anthony
Mauch Michael - Ber

Jury Trial: ☒ Yes ☐ No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

Dex + Jamari - Rachel
 Bismore

I. Parties in this complaint:

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Lenor Arce
 Street Address 91 Duane Ave
 County, City Manhattan
 State & Zip Code New York
 Telephone Number (718) 8698299

- B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Jess - Mein
 Street Address 136 Bay St

Michael Sweeney ^{Diane} Brick

MELBAPL

104

J.C. TRAKS

Tim Long - Crowell Ave

Jasim - ERIC 31 Crowell Ave

TERLIZZ - Frank - Darryl

Willy - Joe - Joe

Ievick - Jeff - Nick - Tric on Nick -
(That's pic is not my father)

ANTONG CONTAIN

114 Perry Ave

SKINHEAD

Sweeney

ESPONSOCO Andrew

BRIG Quarent

John Growly -

husband Bertone

(ROSA) L BERTONE & Daughter - 82 - Top Floor -

Nephew Michael PALL - 71 Simon Loop - Rada

Rachael - Jamine - Dent 83 -

FORSYTH - Thomas - Adele 28 sign Rd

lee -

McGlyn 19 - Mountain View AVE

Michael Cornas - 25 CLERMONT AVE PL

pat philps
ANDRENO - 96 CLERMONT PL

Doris Vigliotti 282 CRYSTAL AVE

Willy - Joe - Doe 215 North Cornas

10362

TERLIZZI - 215 North Cornas

County, City STATEN IS 10314
 State & Zip Code _____
 Telephone Number _____

Defendant No. 2 Name DORIS VIGLIOTTIE
 Street Address 282 CYP AVE
 County, City _____
 State & Zip Code _____
 Telephone Number _____

Defendant No. 3 Name ANDREDDO PATICK THOMAS PHILP
 Street Address 96
 County, City STATEN IS
 State & Zip Code N.Y.
 Telephone Number _____

Defendant No. 4 Name Bob Johnson
 Street Address 215 NORTH G
 County, City STATEN IS 10314
 State & Zip Code N.Y.
 Telephone Number _____

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? (check all that apply)

☐ Federal Questions

☐ Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? _____

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship Illinois

Defendant(s) state(s) of citizenship _____

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events.

7

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

I am suffering from lack of these people nothing will bring back my family. There are too many people.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this ____ day of _____, 20__.

Signature of Plaintiff

Leno Arce

Mailing Address

*91 Duxton Ave
STaten IS*

Telephone Number

*Ny City 10314
(718) 6918-2990*

Fax Number (if you have one)

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this ____ day of _____, 20__, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Inmate Number

Sandy-Gary

Simmons- 26 Quinlan Ave

Miranda Niwa-Arroyo ^{TARA} SANTINO 773 Manor Rd

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Morgan Greenburger

(In the space above enter the full name(s) of the plaintiff(s)/petitioner(s).)

-against-

CITY OF New York; C.O. Jason
Hallack; Captain Jane Doe; C.O.
Connor;

(In the space above enter the full name(s) of the defendant(s)/respondent(s).)

Civ.

REQUEST TO PROCEED
IN FORMA PAUPERIS

MAY - 6 2014

PRO SE

I, Morgan Greenburger, (print or type your name) am the plaintiff/petitioner in the above entitled case and I hereby request to proceed *in forma pauperis* and without being required to prepay fees or costs or give security. I state that because of my poverty I am unable to pay the costs of said proceeding or to give security therefor, and that I believe I am entitled to redress.

1. If you are presently employed:
- a) give the name and address of your employer
 - b) state the amount of your earnings per month

2. If you are NOT PRESENTLY EMPLOYED:
- a) state the date of start and termination of your last employment
 - b) state your earnings per month

YOU MUST ANSWER THIS QUESTION EVEN IF YOU ARE INCARCERATED.

3. Have you received, within the past twelve months, any money from any source? If so, name the source and the amount of money you received.

No

- a) Are you receiving any public benefits? ☒ No. ☐ Yes, \$
- b) Do you receive any income from any other source? ☒ No. ☐ Yes, \$

4. Do you have any money, including any money in a checking or savings account? If so, how much?
☒ No. ☐ Yes, \$ _____.
5. Do you own any apartment, house, or building, stock, bonds, notes, automobiles or other property?
If the answer is yes, describe the property and state its approximate value.
☒ No. ☐ Yes, \$ _____.
6. Do you pay for rent or for a mortgage? If so, how much each month?
☒ No. ☐ Yes, _____.
7. List the person(s) that you pay money to support and the amount you pay each month.
None

8. State any special financial circumstances which the Court should consider.

I understand that the Court shall dismiss this case if I give a false answer to any questions in this declaration.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 18 day of April, 14.
date month year

Morgan Greenburg
Signature

United States District Court
Southern District of New York

PRISONER AUTHORIZATION

Mailed to Plaintiff by the Court on this date: _____

RE: Morgan Greenburger - v - City of New York; Jason Hallack;
(Enter the full name of the plaintiff(s).) (Enter the full name of the defendant(s).)

NOTICE IS HEREBY GIVEN THAT THIS ACTION WILL BE DISMISSED UNLESS PLAINTIFF COMPLETES AND RETURNS THIS AUTHORIZATION FORM TO THIS COURT WITHIN FORTY-FIVE (45) DAYS FROM THE DATE OF THIS NOTICE.

The Prison Litigation Reform Act ("PLRA" or "Act") amends the *in forma pauperis* statute (28 U.S.C. § 1915) and applies to your case. Under the PLRA, you are required to pay the full filing fee when bringing a civil action if you are currently incarcerated or detained in any facility. If you do not have sufficient funds in your prison account at the time your action is filed, the Court must assess and collect payments until the entire filing fee of \$350 has been paid, no matter what the outcome of the action.

SIGN AND DATE THE FOLLOWING AUTHORIZATION:

I, Morgan Greenburger (print or type your name), request and authorize the agency holding me in custody to send to the Clerk of the United States District Court for the Southern District of New York, a certified copy of my prison account statement for the past six months. I further request and authorize the agency holding me in custody to calculate the amounts specified by 28 U.S.C. § 1915(b), to deduct those amounts from my prison trust fund account (or institutional equivalent), and to disburse those amounts to the United States District Court for the Southern District of New York. This authorization shall apply to any agency into whose custody I may be transferred.

I UNDERSTAND THAT BY SIGNING AND RETURNING THIS NOTICE TO THE COURT, THE ENTIRE COURT FILING FEE OF \$350 WILL BE PAID IN INSTALLMENTS BY AUTOMATIC DEDUCTIONS FROM MY PRISON TRUST FUND ACCOUNT EVEN IF MY CASE IS DISMISSED.

April 18, 2014
Date Signed

Morgan Greenburger
Signature of Plaintiff

N.Y.S.I.D. # 5280 186 IN

Local Jail/Facility I.D. # 310-13-00374

Federal Bureau of Prisons I.D. # _____

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Morgan Greenburger

(In the space above enter the full name(s) of the plaintiff(s)/petitioner(s).)

-against-

CITY OF New York; C.O. Jason
Hallock; Captain Jane Doe; C.O.
Connor;

(In the space above enter the full name(s) of the defendant(s)/respondent(s).)

Civ. () ()

**REQUEST TO PROCEED
IN FORMA PAUPERIS**

MAY - 6 2014

PRO SE

I, Morgan Greenburger, (print or type your name) am the plaintiff/petitioner in the above entitled case and I hereby request to proceed *in forma pauperis* and without being required to prepay fees or costs or give security. I state that because of my poverty I am unable to pay the costs of said proceeding or to give security therefor, and that I believe I am entitled to redress.

1. If you are presently employed:
 - a) give the name and address of your employer
 - b) state the amount of your earnings per month

2. If you are NOT PRESENTLY EMPLOYED:
 - a) state the date of start and termination of your last employment
 - b) state your earnings per month

YOU MUST ANSWER THIS QUESTION EVEN IF YOU ARE INCARCERATED.

3. Have you received, within the past twelve months, any money from any source? If so, name the source and the amount of money you received.

No

- a) Are you receiving any public benefits? ☒ No. ☐ Yes, \$ _____.
- b) Do you receive any income from any other source? ☒ No. ☐ Yes, \$ _____.

4. Do you have any money, including any money in a checking or savings account? If so, how much?
☒ No. ☐ Yes, \$ _____.
5. Do you own any apartment, house, or building, stock, bonds, notes, automobiles or other property? If the answer is yes, describe the property and state its approximate value.
☒ No. ☐ Yes, \$ _____.
6. Do you pay for rent or for a mortgage? If so, how much each month?
☒ No. ☐ Yes, _____.
7. List the person(s) that you pay money to support and the amount you pay each month.
None
8. State any special financial circumstances which the Court should consider.

I understand that the Court shall dismiss this case if I give a false answer to any questions in this declaration.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 18 day of April, 14.
date month year

Morgan Greenburg
Signature

United States District Court
Southern District of New York

PRISONER AUTHORIZATION

Mailed to Plaintiff by the Court on this date: _____

RE: Morgan Greenburger
(Enter the full name of the plaintiff(s).)

- v - City of New York; Jason Hallock;
Captain J. Doe; C.O. Connor
(Enter the full name of the defendant(s).)

NOTICE IS HEREBY GIVEN THAT THIS ACTION WILL BE DISMISSED UNLESS PLAINTIFF COMPLETES AND RETURNS THIS AUTHORIZATION FORM TO THIS COURT WITHIN FORTY-FIVE (45) DAYS FROM THE DATE OF THIS NOTICE.

The Prison Litigation Reform Act ("PLRA" or "Act") amends the *in forma pauperis* statute (28 U.S.C. § 1915) and applies to your case. Under the PLRA, you are required to pay the full filing fee when bringing a civil action if you are currently incarcerated or detained in any facility. If you do not have sufficient funds in your prison account at the time your action is filed, the Court must assess and collect payments until the entire filing fee of \$350 has been paid, no matter what the outcome of the action.

SIGN AND DATE THE FOLLOWING AUTHORIZATION:

I, Morgan Greenburger (print or type your name), request and authorize the agency holding me in custody to send to the Clerk of the United States District Court for the Southern District of New York, a certified copy of my prison account statement for the past six months. I further request and authorize the agency holding me in custody to calculate the amounts specified by 28 U.S.C. § 1915(b), to deduct those amounts from my prison trust fund account (or institutional equivalent), and to disburse those amounts to the United States District Court for the Southern District of New York. This authorization shall apply to any agency into whose custody I may be transferred.

I UNDERSTAND THAT BY SIGNING AND RETURNING THIS NOTICE TO THE COURT, THE ENTIRE COURT FILING FEE OF \$350 WILL BE PAID IN INSTALLMENTS BY AUTOMATIC DEDUCTIONS FROM MY PRISON TRUST FUND ACCOUNT EVEN IF MY CASE IS DISMISSED.

~~April 18~~ April 18, 2014
Date Signed

Morgan Greenburger
Signature of Plaintiff

N.Y.S.I.D. # 0280186 IN

Local Jail/Facility I.D. # 310-13-00774

Federal Bureau of Prisons I.D. # _____

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKMorgan Greenburger

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

COMPLAINT

under the

Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)7x3
TourC.O.
CITY OF NEW YORK; Jason Hallock;
Captain Jane Noel; C.O. Connor;3521 Jury Trial: ☒ Yes ☐ No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

MAY - 6 2014

PRO SE

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

Morgan Greenburger

ID #

310-13-00374

Current Institution

GRIC

Address

09-09 Hazen StE. Elmhurst, NY 11370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name

Jason Hallock

Shield #

12045

Where Currently Employed

A.M.K.C.

Address

13-18- Hazen St, E. Elmhurst, NY 11370

captain 7047
743

Defendant No. 2 Name Jane Doe Shield # _____
Where Currently Employed A.M.K.C.
Address 18-18 Hazen St, E. Elmhurst, NY 11370

Defendant No. 3 Name Officer Connor Shield # 3821
Where Currently Employed A.M.K.C.
Address 18-18 Hazen St
E. Elmhurst, NY 11370

Defendant No. 4 Name _____ Shield # _____
Where Currently Employed _____
Address _____

Defendant No. 5 Name _____ Shield # _____
Where Currently Employed _____
Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?
A.M.K.C.

B. Where in the institution did the events giving rise to your claim(s) occur?
Housing Area - 510 West - R.H.U.

C. What date and approximate time did the events giving rise to your claim(s) occur?
April 11th, 2014 - Around 2:00 - 2:45 PM

D. Facts:

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

- I Was being brought back to my cell 617 J when I got there I noticed the OFFICER never brought my Juice From the Feeding. I asked Where it was they said they did not know but said they would get me another Bottle with Juice. At this point one of the OFFICERS goes to find me a bottle & I am Left alone with OFFICER - Jason Hallock #12045 - I needed to move because my back hurts while I was going to lean on the wall. OFFICER - Hallock - pulled me towards him while I am handcuffed & on a instant reaction I pulled back. OFFICER - Hallock - Than puts me on the ground & is putting pressure on me. At the same time another OFFICER and Captain - Jane Doe #3321 - come rushing in OFFICER - Hallock - Than tells the Captain to give an order so the other OFFICERS to mase me saying because I am biting him. The said Captain gives me order & I get mased. Than they try to drag me in my cell but couldn't. I was then escorted to intake to take a shower. I didnt get to see a Doctor until 2 1/2 hours later. I screamed for medical attention & I was still Denied.

III. Injuries:

- The camera in 509 was my witness as well as the camera in intake. If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. A stiff neck Burning of the face from being mased. Both my wrists were swollen. my left arm was partially Bruised. I Was brought to the Doctor 2 1/2 hours later & they told me I would be fine.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Rivers Island A.M. K.O.C. - 18-18 Hazen St. Elmhurst, NY
11320

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☒ Do Not Know ☐

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☐ No ☒

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☒

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

1. Which claim(s) in this complaint did you grieve? _____

2. What was the result, if any? _____

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. _____

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: The
grievance procedure does not deal with
lawsuit injuries.

2. If you did not file a grievance but informed any officials of your claim, state who you informed,

when and how, and their response, if any: _____

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. _____

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

I would like for there to be an investigation
 \$750,000.00 for being treated wrongly. ~~It is not~~
 Having to go through situations like this before
 makes it worse. For there to be Remands for the
 said Defendants actions.

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?
 Yes _____ No ✓

On
these
claims

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No _____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes ☒ No _____

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff Morgan Greenburger

Defendants CITY OF NEW YORK, C.O. DAVIES, And C.O. MILLER.

2. Court (if federal court, name the district; if state court, name the county) United States District Court, Southern District of New York

3. Docket or Index number No. 14 CIV. 313 (RA)

4. Name of Judge assigned to your case Ronnie Abrams

5. Approximate date of filing lawsuit 3/10/14

6. Is the case still pending? Yes ☒ No _____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 18 day of April, 2014

Signature of Plaintiff

Morgan Greenburger

Inmate Number

310-13-00374

Institution Address

09-09 Hazen Street
E. Elmhurst, NY 11370

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 30th day of April, 2014, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Morgan Greenburger

Daniel A. Schwartzman
55 Fifth Avenue --15th Floor
New York, New York 10003-4398

Telephone (212) 206-6101
Facsimile (212) 675-1489
Email: dschwartzman@timeequities.com

May 2, 2014

United States District Court
Southern District of New York
Pro Se Office
500 Pearl Street
New York, NY 10007

45 - 6 2014
PRO SE

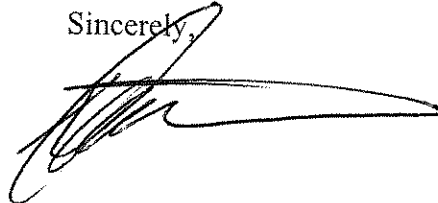
RE: Morgan Greenburger v. City of New York, C.O. Jason Hallock, C.O. Captain Jane Doe (7X3 Tour); C.O. Connor (Shield #3521) (the "Action")

Dear Sirs:

I have been asked by Morgan Greenburger (incarcerated, incorrectly, as "Morgan Greenberger"), Book & Case no. 3101300374, currently at GRVC on Riker's Island, Housing 13-V, whom I recently visited, to send you, for filing and/or processing, the enclosed originals copies of: (a) Complaint (signed April 18, 2014) for the Action; (b) Request to Proceed *In Forma Pauperis*; and (c) Prisoner Authorization.

Please contact either Mr. Greeburger or me, if there is any problem or concern, or if some procedural aspect has been overlooked. Mr. Greenburger is proceeding PRO SE; I am merely assisting him, at his request. Thank you in advance for your attention to this matter.

Sincerely,



cc.: Morgan Greenburger
09-09 Hazen Street
East Elmhurst, NY 11370

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Maurice Jamal Newton

(In the space above enter the full name(s) of the plaintiff(s)/petitioner(s).)

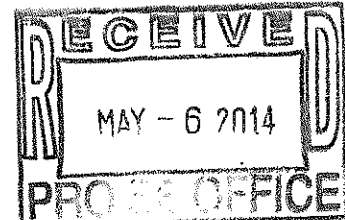
-against-

the United States of America

(In the space above enter the full name(s) of the defendant(s)/respondent(s).)

___ Civ. ___ () ()

**REQUEST TO PROCEED
IN FORMA PAUPERIS**



I, Maurice Jamal Newton, (print or type your name) am the plaintiff/petitioner in the above entitled case and I hereby request to proceed *in forma pauperis* and without being required to prepay fees or costs or give security. I state that because of my poverty I am unable to pay the costs of said proceeding or to give security therefor, and that I believe I am entitled to redress.

1. If you are presently employed:
 - a) give the name and address of your employer
 - b) state the amount of your earnings per month

2. If you are NOT PRESENTLY EMPLOYED:
 - a) state the date of start and termination of your last employment
 - b) state your earnings per month

YOU MUST ANSWER THIS QUESTION EVEN IF YOU ARE INCARCERATED.

10-2008 - 11-2008 \$800 per Month

3. Have you received, within the past twelve months, any money from any source? If so, name the source and the amount of money you received.

no

- a) Are you receiving any public benefits? ☐ No. ☒ Yes, \$ 160.
- b) Do you receive any income from any other source? ☒ No. ☐ Yes, \$ _____.

4. Do you have any money, including any money in a checking or savings account? If so, how much?

☒ No. ☒ Yes, \$ 2.

5. Do you own any apartment, house, or building, stock, bonds, notes, automobiles or other property? If the answer is yes, describe the property and state its approximate value.

☒ No. ☐ Yes, \$ _____.

6. Do you pay for rent or for a mortgage? If so, how much each month?

☒ No. ☐ Yes, _____.

7. List the person(s) that you pay money to support and the amount you pay each month.

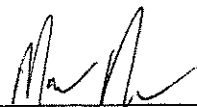
8. State any special financial circumstances which the Court should consider.

I currently reside in a shelter

I understand that the Court shall dismiss this case if I give a false answer to any questions in this declaration.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 5 day of May, 2014.
date month year


Signature

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKMaurice Jamal Newton

(In the space above enter the full name(s) of the plaintiff(s).)

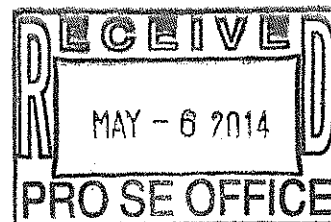
-against-

The United States of America

COMPLAINT

Jury Trial: ☐ Yes ☒ No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)



I. Parties in this complaint:

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Maurice Jamal Newton
 Street Address 2570 Fulton St
 County, City New York Brooklyn
 State & Zip Code New York 11207
 Telephone Number (646) 626-0029

- B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name the United States of America
 Street Address _____

County, City _____
 State & Zip Code _____
 Telephone Number _____

Defendant No. 2 Name _____
 Street Address _____
 County, City _____
 State & Zip Code _____
 Telephone Number _____

Defendant No. 3 Name _____
 Street Address _____
 County, City _____
 State & Zip Code _____
 Telephone Number _____

Defendant No. 4 Name _____
 Street Address _____
 County, City _____
 State & Zip Code _____
 Telephone Number _____

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? (check all that apply)

☒ Federal Questions

☒ Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? negligent, free, human rights, freedom, pain and suffering
Mental anguish

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship _____

Defendant(s) state(s) of citizenship _____

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events.

You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? The United States of America

B. What date and approximate time did the events giving rise to your claim(s) occur? 2006 - current! I have had a bug/micro device on me since 2006 and is still currently on me

C. Facts: I have had a bug/micro device on me since 2006- I have also been getting harassed, harassed, harassed and taken advantage of since 2006. I am also followed around everywhere I go by these people who have this bug on me! I hear a voice in my ear 24/7 threatening me and tormenting me giving me headaches playing with my pores messing over my nerves! The United States has this bug on me and has been harassing me for the past 8 years. My family's lives are constantly threatened by this government people. I am also constantly threatened by this government. I appreciate I have been to jail over 20 times because of these people who have this bug on me! In 2006, I told my mother I have a bug on me and she thought I was crazy and took me to the mental hospital! I didn't come forward with this information and try to file a lawsuit because I didn't know what to do! My father also knows about the bug being on me!

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. I have brain damage that is untreated from the bug, excruciating headaches, bad joints and muscles from the bug being on me for so long. I also tire easy from the bug and can't walk for that long because I will start to get dizzy!! Also I have developed mental conditions due to the bug Anxiety and depression and paranoia from the people that they send out to harass me and follow me! I also have back problems to where I can't stand up straight or talk!

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation. I want the court to

get this bug off me! Investigate who had the bug on
me! And for what reason! And I also want
\$100,000,000 for my pain and suffering harassment
mental anguish, I can no longer work due to my
mental condition and medical conditions! I also
want to stop being followed and harassed by this
government agency! I feel that there is no reason
to have this bug on me or a reason why I
should have had a bug on me at all!

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 6 day of May, 2014.

Signature of Plaintiff

Mam Nwankwo

Mailing Address

2570 Fulton St

Brooklyn, NY 11207

Telephone Number

(494) 626-0028

Fax Number (if you have one)

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this _____ day of _____, 20____, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff: _____

Inmate Number _____

**MOTION UNDER 28 U.S.C. § 2255 TO VACATE, SET ASIDE, OR CORRECT
SENTENCE BY A PERSON IN FEDERAL CUSTODY**

United States District Court		District SOUTHERN NEW YORK
Name (under which you were convicted): GREGORIO DEJESUS		Docket or Case No.: 10 Cr. 040
Place of Confinement: Federal Correctional Inst. Fairton		Prisoner No.: 70775-056
UNITED STATES OF AMERICA		Movant (include name under which you were convicted) v. GREGORIO DEJESUS

MOTION

1. (a) Name and location of court that entered the judgment of conviction you are challenging:

 (b) Criminal docket or case number (if you know): 10 cr. 040
2. (a) Date of the judgment of conviction (if you know):

 (b) Date of sentencing: 7-28-2010
3. Length of sentence: 120 MONTHS
4. Nature of crime (all counts): 21 U.S.C. §841(a)(1); §841(b)(1)(A); plus
21 U.S.C. §841(b)(1)(C) and Section 812.
5. (a) What was your plea? (Check one)

(1) Not guilty ☐ (2) Guilty ☒ (3) Nolo contendere (no contest) ☐

 (b) If you entered a guilty plea to one count or indictment, and a not guilty plea to another count or indictment, what did you plead guilty to and what did you plead not guilty to?
6. If you went to trial, what kind of trial did you have? (Check one)

Jury ☐ Judge only ☒ A/A

7. Did you testify at a pretrial hearing, trial, or post-trial hearing? Yes ☒ No ☐
8. Did you appeal from the judgment of conviction? Yes ☐ No ☒
9. If you did appeal, answer the following:
- (a) Name of court: *N/A*
- (b) Docket or case number (if you know):
- (c) Result: *N/A*
- (d) Date of result (if you know): *N/A*
- (e) Citation to the case (if you know): *N/A*
- (f) Grounds raised: *N/A*
- (g) Did you file a petition for certiorari in the United States Supreme Court? Yes ☐ No ☒
- If "Yes," answer the following: *N/A*
- (1) Docket or case number (if you know): *N/A*
- (2) Result: *N/A*
- (3) Date of result (if you know): *N/A*
- (4) Citation to the case (if you know): *N/A*
- (5) Grounds raised: *N/A*
10. Other than the direct appeals listed above, have you previously filed any other motions, petitions, or applications concerning this judgment of conviction in any court? Yes ☐ No ☒
11. If your answer to Question 10 was "Yes," give the following information:
- (a) (1) Name of court: *N/A*
- (2) Docket or case number (if you know): *N/A*
- (3) Date of filing (if you know): *N/A*

(4) Nature of the proceeding: *N/A*

(5) Grounds raised: *N/A*

(6) Did you receive a hearing where evidence was given on your motion, petition, or application? Yes ☐ No ☒ *N/A*

(7) Result: *N/A*

(8) Date of result (if you know): *N/A*

(b) If you filed any second motion, petition, or application, give the same information:

(1) Name of court: *N/A*

(2) Docket or case number (if you know): *N/A*

(3) Date of filing (if you know): *N/A*

(4) Nature of the proceeding: *N/A*

(5) Grounds raised: *N/A*

(6) Did you receive a hearing where evidence was given on your motion, petition, or application? Yes ☐ No ☒ *N/A*

(7) Result:

(8) Date of result (if you know): *N/A*

(c) Did you appeal to a federal appellate court having jurisdiction over the action taken on your motion, petition, or application?

(1) First petition: Yes ☐ No ☒ *N/A*

(2) Second petition: Yes ☐ No ☒ *N/A*

(d) If you did not appeal from the action on any motion, petition, or application, explain briefly why you did not: *4/1*

12. For this motion, state every ground on which you claim that you are being held in violation of the Constitution, laws, or treaties of the United States. Attach additional pages if you have more than four grounds. State the facts supporting each ground.

GROUND ONE: ACTUAL INNOCENCE OF THE AMOUNT OF DRUGS SENTENCED FOR.

(a) Supporting facts (Do not argue or cite law. Just state the specific facts that support your claim.):
 Petitioner was indicted for a specific amount of drugs; Ecstasy pills (895), which was tested for 31.1 grams of actual methamohetamine. But Petitioner was sentenced for an amount that was above the 31.1 grams that was Laboratory confirmed. Which resulted in a sentence that he was actual innocent of.

(b) Direct Appeal of Ground One:

(1) If you appealed from the judgment of conviction, did you raise this issue? Yes ☐ No ☒

(2) If you did not raise this issue in your direct appeal, explain why: my English is limited and I did not know that I could appeal.

(c) Post-Conviction Proceedings:

(1) Did you raise this issue in any post-conviction motion, petition, or application? Yes ☐ No ☒

(2) If your answer to Question (c)(1) is "Yes," state: Type of motion or petition:

Name and location of the court where the motion or petition was filed:

Docket or case number (if you know): *N/A*

Date of the court's decision: *N/A*

Result (attach a copy of the court's opinion or order, if available): *N/A*

(3) Did you receive a hearing on your motion, petition, or application?
Yes ☐ No ☐ *N/A*

(4) Did you appeal from the denial of your motion, petition, or application?
Yes ☐ No ☐ *N/A*

(5) If your answer to Question (c)(4) is "Yes," did you raise this issue in the appeal?
Yes ☐ No ☐ *N/A*

(6) If your answer to Question (c)(4) is "Yes," state:
Name and location of the court where the appeal was filed:

Docket or case number (if you know): *N/A*

Date of the court's decision:

Result (attach a copy of the court's opinion or order, if available):

(7) If your answer to Question (c)(4) or Question (c)(5) is "No," explain why you did not appeal or raise this issue:

GROUND TWO:

N/A

(a) Supporting facts (Do not argue or cite law. Just state the specific facts that support your claim.):

(b) **Direct Appeal of Ground Two:** *N/A*

(1) If you appealed from the judgment of conviction, did you raise this issue?
Yes ☐ No ☐

(2) If you did not raise this issue in your direct appeal, explain why:

(c) **Post-Conviction Proceedings:** *N/A*

(1) Did you raise this issue in any post-conviction motion, petition, or application?
Yes ☐ No ☐

(2) If your answer to Question (c)(1) is "Yes," state:

Type of motion or petition:

Name and location of the court where the motion or petition was filed:

Docket or case number (if you know): *N/A*

Date of the court's decision:

Result (attach a copy of the court's opinion or order, if available):

(3) Did you receive a hearing on your motion, petition, or application?
Yes ☐ No ☐ *N/A*

(4) Did you appeal from the denial of your motion, petition, or application?
Yes ☐ No ☐ *N/A*

(5) If your answer to Question (c)(4) is "Yes," did you raise this issue in the appeal?
Yes ☐ No ☐ *N/A*

(6) If your answer to Question (c)(4) is "Yes," state:

Name and location of the court where the appeal was filed:

Docket or case number (if you know): *N/A*

Date of the court's decision:

Result (attach a copy of the court's opinion or order, if available):

(7) If your answer to Question (c)(4) or Question (c)(5) is "No," explain why you did not appeal or raise this issue:

GROUND THREE: *NA*

(a) Supporting facts (Do not argue or cite law. Just state the specific facts that support your claim.):

(b) Direct Appeal of Ground Three: *NA*

(1) If you appealed from the judgment of conviction, did you raise this issue?

Yes ☐ No ☐

(2) If you did not raise this issue in your direct appeal, explain why:

(c) Post-Conviction Proceedings: *NA*

(1) Did you raise this issue in any post-conviction motion, petition, or application?

Yes ☐ No ☐

(2) If your answer to Question (c)(1) is "Yes," state:

Type of motion or petition:

Name and location of the court where the motion or petition was filed:

Docket or case number (if you know):

Date of the court's decision:

Result (attach a copy of the court's opinion or order, if available):

N/A

(3) Did you receive a hearing on your motion, petition, or application?

Yes ☐ No ☐ *N/A*

(4) Did you appeal from the denial of your motion, petition, or application?

Yes ☐ No ☐ *N/A*

(5) If your answer to Question (c)(4) is "Yes," did you raise this issue in the appeal?

Yes ☐ No ☐ *N/A*

(6) If your answer to Question (c)(4) is "Yes," state:

Name and location of the court where the appeal was filed:

Docket or case number (if you know): *N/A*

Date of the court's decision:

Result (attach a copy of the court's opinion or order, if available):

N/A

(7) If your answer to Question (c)(4) or Question (c)(5) is "No," explain why you did not appeal or raise this issue:

GROUND FOUR:

N/A

(a) Supporting facts (Do not argue or cite law. Just state the specific facts that support your claim.):

(b) Direct Appeal of Ground Four:

(1) If you appealed from the judgment of conviction, did you raise this issue?

Yes ☐ No ☒ *N/A*

(2) If you did not raise this issue in your direct appeal, explain why:

(c) Post-Conviction Proceedings: *N/A*

(1) Did you raise this issue in any post-conviction motion, petition, or application?

Yes ☐ No ☒ *N/A*

(2) If your answer to Question (c)(1) is "Yes," state:

Type of motion or petition: *N/A*

Name and location of the court where the motion or petition was filed:

Docket or case number (if you know): *N/A*

Date of the court's decision:

Result (attach a copy of the court's opinion or order, if available):

(3) Did you receive a hearing on your motion, petition, or application?

Yes ☐ No ☒ *N/A*

(4) Did you appeal from the denial of your motion, petition, or application?

Yes ☐ No ☒ *N/A*

(5) If your answer to Question (c)(4) is "Yes," did you raise this issue in the appeal?

Yes ☐ No ☒ *N/A*

(6) If your answer to Question (c)(4) is "Yes," state:

Name and location of the court where the appeal was filed:

Docket or case number (if you know): *N/A*

Date of the court's decision:

Result (attach a copy of the court's opinion or order, if available):

(7) If your answer to Question (c)(4) or Question (c)(5) is "No," explain why you did not appeal or raise this issue:

N/A

13. Is there any ground in this motion that you have not previously presented in some federal court? If so, which ground or grounds have not been presented, and state your reasons for not presenting them:

N/A

14. Do you have any motion, petition, or appeal now pending (filed and not decided yet) in any court for the judgment you are challenging? Yes ☐ No ☒
If "Yes," state the name and location of the court, the docket or case number, the type of proceeding, and the issues raised.

N/A

15. Give the name and address, if known, of each attorney who represented you in the following stages of the judgment you are challenging: Jennifer Brown, Fed. Def. of NY
- (a) At preliminary hearing: Same as above 53 Duane St., NY, NY 10007
- (b) At arraignment and plea: Same as above
- (c) At trial: Same as above
- (d) At sentencing: Same as above

(e) On appeal: *N/A*

(f) In any post-conviction proceeding: *N/A*

(g) On appeal from any ruling against you in a post-conviction proceeding:

N/A

16. Were you sentenced on more than one count of an indictment, or on more than one indictment, in the same court and at the same time? Yes ☒ No ☐

17. Do you have any future sentence to serve after you complete the sentence for the judgment that you are challenging? Yes ☐ No ☒ *N*

(a) If so, give name and location of court that imposed the other sentence you will serve in the future:

N/A

(b) Give the date the other sentence was imposed:

N/A

(c) Give the length of the other sentence:

(d) Have you filed, or do you plan to file, any motion, petition, or application that challenges the judgment or sentence to be served in the future? Yes ☐ No ☒ *N/A*

18. TIMELINESS OF MOTION: If your judgment of conviction became final over one year ago, you must explain why the one-year statute of limitations as contained in 28 U.S.C. § 2255 does not bar your motion.* Because I have a legally valid "Actual Innocence" issue which various u.s. court of appeals and the U.S. Supreme court can be raised for the first time in a 2255; and is not time-barred.

* The Antiterrorism and Effective Death Penalty Act of 1996 ("AEDPA") as contained in 28 U.S.C. § 2255, paragraph 6, provides in part that:

A one-year period of limitation shall apply to a motion under this section. The limitation period shall run from the latest of —

- (1) the date on which the judgment of conviction became final;
- (2) the date on which the impediment to making a motion created by governmental action in violation of the Constitution or laws of the United States is removed, if the movant was prevented from making such a motion by such governmental action;
- (3) the date on which the right asserted was initially recognized by the Supreme Court, if that right has been newly recognized by the Supreme Court and made retroactively applicable to cases on collateral review; or
- (4) the date on which the facts supporting the claim or claims presented could have been discovered through the exercise of due diligence.

Therefore, movant asks that the Court grant the following relief:

or any other relief to which movant may be entitled.

H/A

Signature of Attorney (if any)

I declare (or certify, verify, or state) under penalty of perjury that the foregoing is true and correct and that this Motion under 28 U.S.C. § 2255 was placed in the prison mailing system on (month, date, year).

Executed (signed) on 4-22-2014 (date).

[Signature]

Signature of Movant

If the person signing is not movant, state relationship to movant and explain why movant is not signing this motion.

IN THE UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

GREGORIO DeJESUS,)	
Petitioner,)	
vs.)	Case No, 10 Cr. 040 (Criminal)
UNITED STATES OF AMERICA,)	
Respondent.)	

MOTION TO VACATE, SET-ASIDE OR CORRECT SENTENCE
PURSUNAT TO 28 U.S.C. SECTION 2255

NOW INTO COURT comes the Petitioner/Movant, Gregorio DeJesus, pro se, pursuant to 28 U.S.C. § 2255, motion to Vacate, Set-Aside or Correct Sentence.

STATEMENT OF JURISDICTION

This Honorable Court has the jurisdiction to enterain this this matter. In Bousley v. United States, 523 U.S. 614 (1998) it was held that "Section 2255 can go forward to vacate conviction under 'Actual Innicence' theory, even, though defendant pleaded guilty." The Bousely's Court held that this applies to first time 2255 petitioner. Also see United States v. Maybeck, 23 F.3d. 888; 1994 U.S. App. LEXIS 10185 (4th Cir.) where it was held that "It is an unacceptable deviation from our fundamental system of justice to automatically prvent the assertion of actual innocence simply because a defendant has not observed procedural avenues availble to him"

STATEMENT OF THE CASE

On March 8, 2010 a federal grand jury for the Southern District of New York indicted the petitioner and others for violation of 21 U.S.C. § 841(a)(1) and 841(b)(1)(A), plus 21 U.S.C. (b)(1)(C) and Section 812 of the United States Code. Petitioner entered a guilty plead to Count one of the indictment which read in part that (Overt Acts(b) that on or about July 16, GREGORIO DeJESUS, a/k/a "Goyo," the defendant, provided 895 pills, each of which contained a mixture of caffeine and methamphetamine, to the CI in New York City, New York. It will be noted that this figure was the only figure on the face of the indictment.

Based on the calculation of the Probation Department, which made the petitioner's crime an Offense Level 32. Making his Offense Conduct to be responsible for 1,780.3 grams of 3,4 methylenedioxy-methamphetamine and 506.1 grams of methamphetamine. 1,708.3 grams of 3,4 methylenedioxy-methamphetamine converts to 890.15 kilograms of marijuana and 506.1 grams of methamphetamine converts to marijuana 1,012.1 kilograms of marijuana. the total amount of marijuana obtained from the conversion is 1,902.15 kilograms. Pursuant to § 2D1.1(c)(4), since the sum of marijuana obtained from the conversion is at least 1,000 kilograms, but less than 3,000 kilograms of marijuana the base offense is 32.

Pursuant to a guilty plea petitioner received a Guideline Sentence based on Offense Level 32 and Criminal History I, 120 months into the custody of the Federal Bureau of Prisons.

GROUND ONE

I. PETITIONER IS ACTUAL INNOCENT OF THE AMOUNT OF DRUGS HE WAS SENTENCED FOR.

In *Alleyne v. United States*, No. 11-9335, 2013 BL 158522 (U.S. June 17, 2013) it was held that: "...There was a well-established practice of including in the indictment, and submitting to the jury, every fact that was a basis for imposing or increasing punishment. And this understanding was reflected in contemporaneous court decisions and treatises. Pp. 6-10. In *United States v. O'Brien*, 560 U.S. 218, it was held that: "The touchstone for determining whether a fact must be found by a jury beyond a reasonable doubt is whether the fact constitutes an "element" of the charged offense." The *Alleyne* Court went on to say, quoting the *O'Brien* Court: "Apprendi definition necessarily includes not only facts that increase the ceiling, but also those that increase the floor." In this case before the court petitioner's indictment read thus: "Overt Acts" 4(b) "On or about July 16, 2009, GREGORION DeJESUS, a/ka/ "Goyo" , the defendant, provided 895 pills, each of which contained a mixture of caffeine and methamphetamine, etc to the CI in New York, New York." See Exhibit A This is the amount that appears on the LABORATORY REPORT dated 22-Jul-09 and 7/30/09. See Exhibit B. The 'Amount of Actual Drug (methamphetamine hydrochloride) in this reported to the petitioner is 31.1g. See Exhibit B(a). Based on this amount of "Methamphetamine (actual) the Petitioner's Offense level is Level 26. See Exhibit C. But he was illegal sentence under Offense Level 32. See Exhibit D.

Level 32, Criminal History I carries a Guideline Sentence of (121-151) months while Level 26, Criminal History I carries a Guidelines Sentence of (63-78) months. See Exhibit E.

The 895 pills that appeared on petitioner's indictment contained 31.1g of actual methamphetamine. See B(a). Based on the actual amount of methamphetamine that appears on petitioner's indictment he is actual innocent of the amount of drugs that he was sentence to. Thus, his Sentencing Guidelines should be in the sentencing range of Level 26, Criminal History I (63-78) months. Not the range (Level 32, Criminal History I)(121-151) months.

Based on the United Supreme Court decision in *Alleyne v. United States*, supra, the sentencing judge should have sentenced petitioner to the amount of drugs that was listed on his indictment; which was 895 MDMA pills which contained an actual amount of methamphetamine of 31.1g.


In this instant matter the sentencing court relied upon Probation Department's estimate of drug quantities. See Exhibit E. In *United States v. Howard*, 80 F.3d 1194 (7th Cir. 1996) it was held that: "The district court could not rely upon the probation Officer's estimate of drug quantities without corroborating evidence." Since a defendant can only be found guilty of the amount of drugs that appears on the face of the indictment. *Alleyne*, supra, Petitioner was only to be sentenced for the amount pills (MDMA) (31.1 grams of metamphetamine, acutal) that was onhte face of the indictment.

CONCLUSION

Wherefore, based on the above cited cases and points of law petitioner prays that this Honorable Court resentenced him to a lower Guideline Sentence that is conducive with the Offense Level (26) that is more in line with the amount of drugs that appeared on the face of his indictment.

Respectfully submitted,

April 28, 2014.


Gregorio DeJesus
Pro Se Petitioner
Reg. No. 70775-054
Federal Correctional Institution
Post Office Box 420
Fairton, New Jersey 08320-0420

ADDENDUM

In *United States v. Corsentino*, 685 F.2d 48,51 (2nd Cir. 1982) it was reasoned that the circumstances surrounding guilty pleas are totally different from those presented in Frady. *Frady*, 456 U.S. at 167-68. Applying this concept to the petitioner's case See *Engle v. Issac*, 456 U.S. 107 (1982) where it was held that "...since the concepts of cause and prejudice are not rigid, but 'take their meaning from...principles of comity and fanality...., in appropriate cases those principles must yield to the imperative of correcting a fundamental unjust incarceration....We are confident that victims of a fundamental miscarriage of justice will meet the cause-andprejudice standard." id. In *Murray v. Carrier*, 477 U.S. 478, 496 (1985). The Court went on to say "Where a constitutional violation has probably resulted in the conviction of one who is actually innocent, a federal habeas court may grant the writ even in the absence of showing of cause for the procedural default."

In *Smith v. Murray*, 477 US. at 538-39, the Supreme Court did imply that the actual innocence exception may apply to non-capital sentencing cases.

The Probation Department prepared petitioner's Presentence Investigation Report which was used by the Court to place him in the appropriate Guideline Range for sentencing. Said Range looked like the following.

EXHIBIT A

3. The controlled substances involved in the offense were 500 grams and more of mixtures and substances containing a detectable amount of methamphetamine, in violation of Title 21, United States Codes, Sections 812, 841(a)(1) and 841(b)(1)(A) and 3,4 methylenedioxy-methamphetamine ("MDMA" or "Ecstasy"), in violation of Sections 812, 841(a)(1) and 841(b)(1)(C) of Title 21, United States Code. LX A

Overt Acts

4. In furtherance of the conspiracy and to effect the illegal object thereof, the following overt acts, among others, were committed in the Southern District of New York and elsewhere:

a. On or about April 30, 2009, EDY DeJESUS, a/k/a "The Engineer," the defendant, met with a confidential informant ("CI") in Queens, New York and agreed to sell the CI Ecstasy pills for \$2.90 to \$3.00 per pill.

b. On or about July 16, 2009, GREGORIO DeJESUS, a/k/a "Goyo," the defendant, provided 895 pills, each of which contained a mixture of caffeine and methamphetamine, to the CI in New York, New York.

c. On or about September 17, 2009, DANIEL ALEJANDRO MIRANDA-COLON, a/k/a "Jesus," the defendant, met with a CI in New York, New York and agreed to sell the CI Ecstasy pills for \$3.25 per pill.

(Title 21, United States Code, Section 846.)

Base Offense Level 32; Specific Offense Characteristic +2 Adjustment For Role In Offense +2; Acceptance Of Responsibility -2; Adjusted Offense Level -3, which gave Petitioner a Total of 31 points; plus Criminal History I, resulting in a Sentencing Range of (108-135 months). But based on the face of the indictment (31.1 grams of actual metaphetamine) Petitioner's Base Offense Level have been 25 and using the above additions and subtractions his Sentencing Range should have been in (57-71 months).

EXHIBIT B



U.S. Department of Justice
Drug Enforcement Administration

LABORATORY REPORT

TO: NEW YORK FIELD DIVISION

CASE NUMBER: [REDACTED]

FROM: NORTHEAST LABORATORY
99 TENTH AVENUE, SUITE 721
NEW YORK, NEW YORK 10011

RESULTS AND CONCLUSIONS:

Exh. No.	Lab No.	Active Drug Ingredient (Established or Common Name)	Gross Weight	Net Weight	Conc. Or Purity	Amount of Actual Drug	Reserve Weight
3	202029	methamphetamine hydrochloride	540.8g	494.8g (895 tablets)	34.8mg/tablet (+/- 2.1 mg/tablet*)	31.1g	493.3g (892.5 tablets)

Remarks:

Exhibit # 3 also contains caffeine.

* This value represents the quantitative uncertainty measurement estimate for the DEA laboratory system.

CINDY VITALE

Analyzed By: SENIOR FORENSIC CHEMIST

(Signature, Printed Name, Title)

THOMAS M. BLACKWELL

Approved By: LABORATORY DIRECTOR

(Signature, Printed Name, Title)

Date: 22-Jul-09

Date: 7/30/09

November 1, 1998

EXHIBIT C

GUIDELINES MANUAL

§2D1.1

- At least 200 G but less than 350 G of Methamphetamine, or at least 40 G but less than 70 G of Methamphetamine (actual), or at least 40 G but less than 70 G of "Ice";
 - At least 4 G but less than 7 G of LSD (or the equivalent amount of other Schedule I or II Hallucinogens);
 - At least 160 G but less than 280 G of Fentanyl;
 - At least 40 G but less than 70 G of a Fentanyl Analogue;
 - At least 400 KG but less than 700 KG of Marihuana;
 - At least 80 KG but less than 140 KG of Hashish;
 - At least 8 KG but less than 14 KG of Hashish Oil.
- (7) ● At least 100 G but less than 400 G of Heroin (or the equivalent amount of other Schedule I or II Opiates);
- At least 500 G but less than 2 KG of Cocaine (or the equivalent amount of other Schedule I or II Stimulants);
- At least 5 G but less than 20 G of Cocaine Base;
- At least 100 G but less than 400 G of PCP, or at least 10 G but less than 40 G of PCP (actual);
- At least 50 G but less than 200 G of Methamphetamine, or at least 10 G but less than 40 G of Methamphetamine (actual), or at least 10 G but less than 40 G of "Ice";
- At least 1 G but less than 4 G of LSD (or the equivalent amount of other Schedule I or II Hallucinogens);
- At least 40 G but less than 160 G of Fentanyl;
- At least 10 G but less than 40 G of a Fentanyl Analogue;
- At least 100 KG but less than 400 KG of Marihuana;
- At least 20 KG but less than 80 KG of Hashish;
- At least 2 KG but less than 8 KG of Hashish Oil.
- (8) ● At least 80 G but less than 100 G of Heroin (or the equivalent amount of other Schedule I or II Opiates);
- At least 400 G but less than 500 G of Cocaine (or the equivalent amount of other Schedule I or II Stimulants);
- At least 4 G but less than 5 G of Cocaine Base;
- At least 80 G but less than 100 G of PCP, or at least 8 G but less than 10 G of PCP (actual);
- At least 40 G but less than 50 G of Methamphetamine, or at least 8 G but less than 10 G of Methamphetamine (actual), or at least 8 G but less than 10 G of "Ice";
- At least 800 MG but less than 1 G of LSD (or the equivalent amount of other Schedule I or II Hallucinogens);
- At least 32 G but less than 40 G of Fentanyl;
- At least 8 G but less than 10 G of a Fentanyl Analogue;
- At least 80 KG but less than 100 KG of Marihuana;
- At least 16 KG but less than 20 KG of Hashish;
- At least 1.6 KG but less than 2 KG of Hashish Oil.
- (9) ● At least 60 G but less than 80 G of Heroin (or the equivalent amount of other Schedule I or II Opiates);
- At least 300 G but less than 400 G of Cocaine (or the equivalent amount of other

Level 26**Level 24****Level 22**

§2D1.1

GUIDELINES MANUAL

November 1, 1998

- At least 1.2 KG but less than 4 KG of Fentanyl;
- At least 300 G but less than 1 KG of a Fentanyl Analogue;
- At least 3,000 KG but less than 10,000 KG of Marihuana;
- At least 600 KG but less than 2,000 KG of Hashish;
- At least 60 KG but less than 200 KG of Hashish Oil.

- (4) ● At least 1 KG but less than 3 KG of Heroin (or the equivalent amount of other Schedule I or II Opiates);
- At least 5 KG but less than 15 KG of Cocaine (or the equivalent amount of other Schedule I or II Stimulants);
- At least 50 G but less than 150 G of Cocaine Base;
- At least 1 KG but less than 3 KG of PCP, or at least 100 G but less than 300 G of PCP (actual);
- At least 500 G but less than 1.5 KG of Methamphetamine, or at least 100 G but less than 300 G of Methamphetamine (actual), or at least 100 G but less than 300 G of "Ice";
- At least 10 G but less than 30 G of LSD (or the equivalent amount of other Schedule I or II Hallucinogens);
- At least 400 G but less than 1.2 KG of Fentanyl;
- At least 100 G but less than 300 G of a Fentanyl Analogue;
- At least 1,000 KG but less than 3,000 KG of Marihuana;
- At least 200 KG but less than 600 KG of Hashish;
- At least 20 KG but less than 60 KG of Hashish Oil.

Level 32

- (5) ● At least 700 G but less than 1 KG of Heroin (or the equivalent amount of other Schedule I or II Opiates);
- At least 3.5 KG but less than 5 KG of Cocaine (or the equivalent amount of other Schedule I or II Stimulants);
- At least 35 G but less than 50 G of Cocaine Base;
- At least 700 G but less than 1 KG of PCP, or at least 70 G but less than 100 G of PCP (actual);
- At least 350 G but less than 500 G of Methamphetamine, or at least 70 G but less than 100 G of Methamphetamine (actual), or at least 70 G but less than 100 G of "Ice";
- At least 7 G but less than 10 G of LSD (or the equivalent amount of other Schedule I or II Hallucinogens);
- At least 280 G but less than 400 G of Fentanyl;
- At least 70 G but less than 100 G of a Fentanyl Analogue;
- At least 700 KG but less than 1,000 KG of Marihuana;
- At least 140 KG but less than 200 KG of Hashish;
- At least 14 KG but less than 20 KG of Hashish Oil.

Level 30**EXHIBIT D**

- (6) ● At least 400 G but less than 700 G of Heroin (or the equivalent amount of other Schedule I or II Opiates);
- At least 2 KG but less than 3.5 KG of Cocaine (or the equivalent amount of other Schedule I or II Stimulants);

Level 28

SENTENCING TABLE

(in months of imprisonment)

EXHIBIT E

Offense Level	Criminal History Category (Criminal History Points)					
	I (0 or 1)	II (2 or 3)	III (4, 5, 6)	IV (7, 8, 9)	V (10, 11, 12)	VI (13 or more)
1	0-6	0-6	0-6	0-6	0-6	0-6
2	0-6	0-6	0-6	0-6	0-6	1-7
3	0-6	0-6	0-6	0-6	2-8	3-9
4	0-6	0-6	0-6	2-8	4-10	6-12
5	0-6	0-6	1-7	4-10	6-12	9-15
6	0-6	1-7	2-8	6-12	9-15	12-18
7	0-6	2-8	4-10	8-14	12-18	15-21
8	0-6	4-10	6-12	10-16	15-21	18-24
9	4-10	6-12	8-14	12-18	18-24	21-27
10	6-12	8-14	10-16	15-21	21-27	24-30
11	8-14	10-16	12-18	18-24	24-30	27-33
12	10-16	12-18	15-21	21-27	27-33	30-37
13	12-18	15-21	18-24	24-30	30-37	33-41
14	15-21	18-24	21-27	27-33	33-41	37-46
15	18-24	21-27	24-30	30-37	37-46	41-51
16	21-27	24-30	27-33	33-41	41-51	46-57
17	24-30	27-33	30-37	37-46	46-57	51-63
18	27-33	30-37	33-41	41-51	51-63	57-71
19	30-37	33-41	37-46	46-57	57-71	63-78
20	33-41	37-46	41-51	51-63	63-78	70-87
21	37-46	41-51	46-57	57-71	70-87	77-96
22	41-51	46-57	51-63	63-78	77-96	84-105
23	46-57	51-63	57-71	70-87	84-105	92-115
24	51-63	57-71	63-78	77-96	92-115	100-125
25	57-71	63-78	70-87	84-105	100-125	110-137
26	63-78	70-87	78-97	92-115	110-137	120-150
27	70-87	78-97	87-108	100-125	120-150	130-162
28	78-97	87-108	97-121	110-137	130-162	140-175
29	87-108	97-121	108-135	121-151	140-175	151-188
30	97-121	108-135	121-151	135-168	151-188	168-210
31	108-135	121-151	135-168	151-188	168-210	188-235
32	121-151	135-168	151-188	168-210	188-235	210-262
33	135-168	151-188	168-210	188-235	210-262	235-293
34	151-188	168-210	188-235	210-262	235-293	262-327
35	168-210	188-235	210-262	235-293	262-327	292-365
36	188-235	210-262	235-293	262-327	292-365	324-405
37	210-262	235-293	262-327	292-365	324-405	360-life
38	235-293	262-327	292-365	324-405	360-life	360-life
39	262-327	292-365	324-405	360-life	360-life	360-life
40	292-365	324-405	360-life	360-life	360-life	360-life
41	324-405	360-life	360-life	360-life	360-life	360-life
42	360-life	360-life	360-life	360-life	360-life	360-life
43	life	life	life	life	life	life

EXHIBIT F

DeJesus, Gregorio

P57743 - J. Thomas

9

Adjustment for Obstruction of Justice

35. The probation officer has no information to suggest that the defendant impeded or obstructed justice at the time of the arrest, or during the investigation or prosecution of the offense.

Adjustment for Acceptance of Responsibility

36. During the presentence interview, the defendant stated he feels terrible about his involvement in the instant offense. He reported that he was unemployed and on the verge of hunger when he decided to sell drugs. DeJesus stated that he sold "meth pills" that he thought were ecstasy pills to an undercover police officer for profit. He related that he accepts responsibility for his actions and feels completely ashamed.

Offense Level Computation

37. The November 1, 2009, edition of the Guidelines Manual has been used in this case.

Count 1 - Conspiracy to Distribute NarcoticsEX-F

38. **Base Offense Level:** The guideline for a violation of 21 USC 846 is found in §2D1.1(a)(5). Pursuant to §2D1.1 Application Note 10(B), a single offense level is obtained where differing controlled substances are involved by converting each of the drugs to its marijuana equivalent. As stated in the offense conduct, the conspiracy involved 1,780.3 grams of 3,4 methylenedioxy-methamphetamine and 506.1 grams of methamphetamine. 1,780.3 grams of 3,4 methylenedioxy-methamphetamine converts to 890.15 kilograms of marijuana and 506.1 grams of methamphetamine converts to marijuana 1,012.1 kilograms to marijuana. The total amount of marijuana obtained from the conversion is 1,902.15 kilograms. Pursuant to §2D1.1(c)(4), since the sum of marijuana obtained from the conversion is at least 1,000 kilograms, but less than 3,000 kilograms of marijuana the base offense level is 32. 32
39. **Specific Offense Characteristic:** Pursuant to §2D1.1(b)(4), because the offense level involved the importation of methamphetamine, the defendant's offense level is increased 2 levels +2
40. **Victim-Related Adjustments:** None. 0
41. **Adjustments for Role in the Offense:** The defendant was responsible for obtaining and distributing the narcotics, and directing individuals in the distribution of Ecstasy and methamphetamine. Pursuant to § 3B1.1(c), the offense is increased two levels. +2
42. **Adjustment for Obstruction of Justice:** None. 0

IN THE UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

GREGORIO DeJESUS,)	
Petitioner,)	
vs.)	Case No, 10 Cr. 040 (Criminal)
)	
UNITED STATES OF AMERICA,)	
Respondent.)	

MOTION TO VACATE, SET-ASIDE OR CORRECT SENTENCE
PURSUNAT TO 28 U.S.C. SECTION 2255

NOW INTO COURT comes the Petitioner/Movant, Gregorio DeJesus, pro se, pursuant to 28 U.S.C. § 2255, motion to Vacate, Set-Aside or Correct Sentence.

STATEMENT OF JURISDICTION

This Honorable Court has the jurisdiction to enterain this this matter. In Bousley v. United States, 523 U.S. 614 (1998) it was held that "Section 2255 can go forward to vacate conviction under 'Actual Innicence' theory, even, though defendant pleaded guilty." The Bousely's Court held that this applies to first time 2255 petitioner. Also see United States v. Maybeck, 23 F.3d. 888; 1994 U.S. App. LEXIS 10185 (4th Cir.) where it was held that "It is an unacceptable deviation from our fundamental system of justice to automatically prvent the assertion of actual innocence simply because a defendant has not observed procedural avenues availble to him"

STATEMENT OF THE CASE

On March 8, 2010 a federal grand jury for the Southern District of New York indicted the petitioner and others for violation of 21 U.S.C. § 841(a)(1) and 841(b)(1)(A), plus 21 U.S.C. (b)(1)(C) and Section 812 of the United States Code. Petitioner entered a guilty plead to Count one of the indictment which read in part that (Overt Acts(b) that on or about July 16, GREGORIO DeJESUS, a/k/a "Goyo," the defendant, provided 895 pills, each of which contained a mixture of caffeine and methamphetamine, to the CI in New York City, New York. It will be noted that this figure was the only figure on the face of the indictment.

Based on the calculation of the Probation Department, which made the petitioner's crime an Offense Level 32. Making his Offense Conduct to be responsible for 1,780.3 grams of 3,4 methylenedioxy-methamphetamine and 506.1 grams of methamphetamine. 1,708.3 grams of 3,4 methylenedioxy-methamphetamine converts to 890.15 kilograms of marijuana and 506.1 grams of methamphetamine converts to marijuana 1,012.1 kilograms of marijuana. the total amount of marijuana obtained from the conversion is 1,902.15 kilograms. Pursuant to § 2D1.1(c)(4), since the sum of marijuana obtained from the conversion is at least 1,000 kilograms, but less than 3,000 kilograms of marijuana the base offense is 32.

Pursuant to a guilty plea petitioner received a Guideline Sentence based on Offense Level 32 and Criminal History I, 120 months into the custody of the Federal Bureau of Prisons.

GROUND ONE

I. PETITIONER IS ACTUAL INNOCENT OF THE AMOUNT OF DRUGS HE WAS SENTENCED FOR.

In *Alleyne v. United States*, No. 11-9335, 2013 BL 158522 (U.S. June 17, 2013) it was held that: "...There was a well-established practice of including in the indictment, and submitting to the jury, every fact that was a basis for imposing or increasing punishment. And this understanding was reflected in contemporaneous court decisions and treatises. Pp. 6-10. In *United States v. O'Brien*, 560 U.S. 218, it was held that: "The touchstone for determining whether a fact must be found by a jury beyond a reasonable doubt is whether the fact constitutes an "element" of the charged offense." The *Allyene* Court went on to say, quoting the *O'Brien* Court: "Apprendi definition necessarily includes not only facts that increase the ceiling, but also those that increase the floor." In this case before the court petitioner's indictment read thus: "Overt Acts" 4(b) "On or about July 16, 2009, GREGORION DeJESUS, a/ka/ "Goyo" , the defendant, provided 895 pills, each of which contained a mixture of caffeine and methamphetamine, to the CI in New York, New York." See Exhibit A This is the amount that appears on the LABORATORY REPORT dated 22-Jul-09 and 7/30/09. See Exhibit B. The 'Amount of Actual Drug (methamphetamine hydrochloride) in this reported to the petitioner is 31.1g. See Exhibit B(a). Based on this amount of "Methamphetamine (actual) the Petitioner's Offense level is Level 26. See Exhibit C. But he was illegal sentence under Offense Level 32. See Exhibit D.

Level 32, Criminal History I carries a Guideline Sentence of (121-151) months while Level 26, Criminal History I carries a Guidelines Sentence of (63-78) months. See Exhibit E.

The 895 pills that appeared on petitioner's indictment contained 31.1g of actual methamphetamine. See B(a). Based on the actual amount of methamphetamine that appears on petitioner's indictment he is actual innocent of the amount of drugs that he was sentence to. Thus, his Sentencing Guidelines should be in the sentencing range of Level 26, Criminal History I (63-78) months. Not the range (Level 32, Criminal History I)(121-151) months.

Based on the United Supreme Court decision in *Alleyne v. United States*, supra, the sentencing judge should have sentenced petitioner to the amount of drugs that was listed on his indictment; which was 895 MDMA pills which contained an actual amount of methamphetamine of 31.1g.

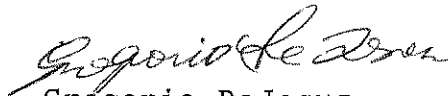
In this instant matter the sentencing court relied upon Probation Department's estimate of drug quantities. See Exhibit E. In *United States v. Howard*, 80 F.3d 1194 (7th Cir. 1996) it was held that: "The district court could not rely upon the probation Officer's estimate of drug quantities without corroborating evidence." Since a defendant can only be found guilty of the amount of drugs that appears on the face of the indictment. *Alleyne*, supra, Petitioner was only to be sentenced for the amount pills (MDMA) (31.1 grams of metamphetamine, acutal) that was onhte face of the indictment.

CONCLUSION

Wherefore, based on the above cited cases and points of law petitioner prays that this Honorable Court resentenced him to a lower Guideline Sentence that is conducive with the Offense Level (26) that is more in line with the amount of drugs that appeared on the face of his indictment.

Respectfully submitted,

April 28, 2014.



Gregorio DeJesus
Pro Se Petitioner
Reg. No. 70775-054
Federal Correctional Institution
Post Office Box 420
Fairton, New Jersey 08320-0420

ADDENDUM

In *United States v. Corsentino*, 685 F.2d 48,51 (2d Cir. 1982) it was reasoned that the circumstances surrounding guilty pleas are totally different from those presented in *Fradley*. *Fradley*, 456 U.S. at 167-68. Applying this concept to the petitioner's case See *Engle v. Issac*, 456 U.S. 107 (1982) where it was held that "...since the concepts of cause and prejudice are not rigid, but 'take their meaning from...principles of comity and finality...., in appropriate cases those principles must yield to the imperative of correcting a fundamental unjust incarceration....We are confident that victims of a fundamental miscarriage of justice will meet the cause-and-prejudice standard.'" *id.* In *Murray v. Carrier*, 477 U.S. 478, 496 (1985). The Court went on to say "Where a constitutional violation has probably resulted in the conviction of one who is actually innocent, a federal habeas court may grant the writ even in the absence of showing of cause for the procedural default."

In *Smith v. Murray*, 477 US. at 538-39, the Supreme Court did imply that the actual innocence exception may apply to non-capital sentencing cases.

The Probation Department prepared petitioner's Presentence Investigation Report which was used by the Court to place him in the appropriate Guideline Range for sentencing. Said Range looked like the following.

DeJesus, Gregorio

P57743 - J. Thomas

9

Adjustment for Obstruction of Justice

35. The probation officer has no information to suggest that the defendant impeded or obstructed justice at the time of the arrest, or during the investigation or prosecution of the offense.

Adjustment for Acceptance of Responsibility

36. During the presentence interview, the defendant stated he feels terrible about his involvement in the instant offense. He reported that he was unemployed and on the verge of hunger when he decided to sell drugs. DeJesus stated that he sold "meth pills" that he thought were ecstasy pills to an undercover police officer for profit. He related that he accepts responsibility for his actions and feels completely ashamed.

Offense Level Computation

37. The November 1, 2009, edition of the Guidelines Manual has been used in this case.

Count 1 - Conspiracy to Distribute Narcotics

EX-F

38. **Base Offense Level:** The guideline for a violation of 21 USC 846 is found in §2D1.1(a)(5). Pursuant to §2D1.1 Application Note 10(B), a single offense level is obtained where differing controlled substances are involved by converting each of the drugs to its marijuana equivalent. As stated in the offense conduct, the conspiracy involved 1,780.3 grams of 3,4 methylenedioxy-methamphetamine and 506.1 grams of methamphetamine. 1,780.3 grams of 3,4 methylenedioxy-methamphetamine converts to 890.15 kilograms of marijuana and 506.1 grams of methamphetamine converts to marijuana 1,012.1 kilograms to marijuana. The total amount of marijuana obtained from the conversion is 1,902.15 kilograms. Pursuant to §2D1.1(c)(4), since the sum of marijuana obtained from the conversion is at least 1,000 kilograms, but less than 3,000 kilograms of marijuana the base offense level is 32. 32
39. **Specific Offense Characteristic:** Pursuant to §2D1.1(b)(4), because the offense level involved the importation of methamphetamine, the defendant's offense level is increased 2 levels +2
40. **Victim-Related Adjustments:** None. 0
41. **Adjustments for Role in the Offense:** The defendant was responsible for obtaining and distributing the narcotics, and directing individuals in the distribution of Ecstasy and methamphetamine. Pursuant to § 3B1.1(c), the offense is increased two levels. +2
42. **Adjustment for Obstruction of Justice:** None. 0

Base Offense Level 32; Specific Offense Characteristic +2 Adjustment For Role In Offense +2; Acceptance Of Responsibility -2; Adjusted Offense Level -3, which gave Petitioner a Total of 31 points; plus Criminal History I, resulting in a Sentencing Range of (108-135 months). But based on the face of the indictment (31.1 grams of actual metaphetamine) Petitioner's Base Offense Level have been 25 and using the above additions and subtractions his Sentencing Range should have been in (57-71 months).

EXHIBIT A

3. The controlled substances involved in the offense were 500 grams and more of mixtures and substances containing a detectable amount of methamphetamine, in violation of Title 21, United States Codes, Sections 812, 841(a)(1) and 841(b)(1)(A) and 3,4 methylenedioxy-methamphetamine ("MDMA" or "Ecstasy"), in violation of Sections 812, 841(a)(1) and 841(b)(1)(C) of Title 21, United States Code. L X A

Overt Acts

4. In furtherance of the conspiracy and to effect the illegal object thereof, the following overt acts, among others, were committed in the Southern District of New York and elsewhere:

a. On or about April 30, 2009, EDY DeJESUS, a/k/a "The Engineer," the defendant, met with a confidential informant ("CI") in Queens, New York and agreed to sell the CI Ecstasy pills for \$2.90 to \$3.00 per pill.

b. On or about July 16, 2009, GREGORIO DeJESUS, a/k/a "Goyo," the defendant, provided 895 pills, each of which contained a mixture of caffeine and methamphetamine, to the CI in New York, New York.

c. On or about September 17, 2009, DANIEL ALEJANDRO MIRANDA-COLON, a/k/a "Jesus," the defendant, met with a CI in New York, New York and agreed to sell the CI Ecstasy pills for \$3.25 per pill.

(Title 21, United States Code, Section 846.)

EXHIBIT B

**U.S. Department of Justice
Drug Enforcement Administration**

LABORATORY REPORT

TO: NEW YORK FIELD DIVISION

CASE NUMBER: [REDACTED]

FROM: NORTHEAST LABORATORY
99 TENTH AVENUE, SUITE 721
NEW YORK, NEW YORK 10011

RESULTS AND CONCLUSIONS:

Exh. No.	Lab No.	Active Drug Ingredient (Established or Common Name)	Gross Weight	Net Weight	Conc. Or Purity	Amount of Actual Drug	Reserve Weight
3	202029	methamphetamine hydrochloride	540.8g	494.8g (895 tablets)	34.8mg/tablet (+/- 2.2 mg/tablet*)	31.1g	493.3g (892.5 tablets)

EX
B(9)

Remarks:

Exhibit # 3 also contains caffeine.

* This value represents the quantitative uncertainty measurement estimate for the DEA laboratory system.


CINDY VITALE

Analyzed By: SENIOR FORENSIC CHEMIST

Date: 22-Jul-09

(Signature, Printed Name, Title)


THOMAS M. BLACKWELL

Approved By: LABORATORY DIRECTOR

Date: 7/30/09

(Signature, Printed Name, Title)

November 1, 1998

GUIDELINES MANUAL

§2D1.1

- At least 200 G but less than 350 G of Methamphetamine, or at least 40 G but less than 70 G of Methamphetamine (actual), or at least 40 G but less than 70 G of "Ice";
 - At least 4 G but less than 7 G of LSD (or the equivalent amount of other Schedule I or II Hallucinogens);
 - At least 160 G but less than 280 G of Fentanyl;
 - At least 40 G but less than 70 G of a Fentanyl Analogue;
 - At least 400 KG but less than 700 KG of Marihuana;
 - At least 80 KG but less than 140 KG of Hashish;
 - At least 8 KG but less than 14 KG of Hashish Oil.
- (7) ● At least 100 G but less than 400 G of Heroin (or the equivalent amount of other Schedule I or II Opiates); Level 26
- At least 500 G but less than 2 KG of Cocaine (or the equivalent amount of other Schedule I or II Stimulants);
- At least 5 G but less than 20 G of Cocaine Base;
- At least 100 G but less than 400 G of PCP, or at least 10 G but less than 40 G of PCP (actual);
- EX C ● At least 50 G but less than 200 G of Methamphetamine, or at least 10 G but less than 40 G of Methamphetamine (actual), or at least 10 G but less than 40 G of "Ice";
- At least 1 G but less than 4 G of LSD (or the equivalent amount of other Schedule I or II Hallucinogens);
- At least 40 G but less than 160 G of Fentanyl;
- At least 10 G but less than 40 G of a Fentanyl Analogue;
- At least 100 KG but less than 400 KG of Marihuana;
- At least 20 KG but less than 80 KG of Hashish;
- At least 2 KG but less than 8 KG of Hashish Oil.
- (8) ● At least 80 G but less than 100 G of Heroin (or the equivalent amount of other Schedule I or II Opiates); Level 24
- At least 400 G but less than 500 G of Cocaine (or the equivalent amount of other Schedule I or II Stimulants);
- At least 4 G but less than 5 G of Cocaine Base;
- At least 80 G but less than 100 G of PCP, or at least 8 G but less than 10 G of PCP (actual);
- At least 40 G but less than 50 G of Methamphetamine, or at least 8 G but less than 10 G of Methamphetamine (actual), or at least 8 G but less than 10 G of "Ice";
- At least 800 MG but less than 1 G of LSD (or the equivalent amount of other Schedule I or II Hallucinogens);
- At least 32 G but less than 40 G of Fentanyl;
- At least 8 G but less than 10 G of a Fentanyl Analogue;
- At least 80 KG but less than 100 KG of Marihuana;
- At least 16 KG but less than 20 KG of Hashish;
- At least 1.6 KG but less than 2 KG of Hashish Oil.
- (9) ● At least 60 G but less than 80 G of Heroin (or the equivalent amount of other Schedule I or II Opiates); Level 22
- At least 300 G but less than 400 G of Cocaine (or the equivalent amount of other

SENTENCING TABLE

(in months of imprisonment)

EXHIBIT E

Offense Level	Criminal History Category (Criminal History Points)					
	I (0 or 1)	II (2 or 3)	III (4, 5, 6)	IV (7, 8, 9)	V (10, 11, 12)	VI (13 or more)
Zone A	1	0-6	0-6	0-6	0-6	0-6
	2	0-6	0-6	0-6	0-6	1-7
	3	0-6	0-6	0-6	2-8	3-9
	4	0-6	0-6	2-8	4-10	6-12
	5	0-6	0-6	4-10	6-12	9-15
	6	0-6	1-7	6-12	9-15	12-18
	7	0-6	2-8	8-14	12-18	15-21
	8	0-6	4-10	10-16	15-21	18-24
Zone B	9	4-10	6-12	8-14	12-18	15-21
	10	6-12	8-14	10-16	15-21	18-24
Zone C	11	8-14	10-16	12-18	15-21	18-24
	12	10-16	12-18	15-21	18-24	21-27
Zone D	13	12-18	15-21	18-24	21-27	24-30
	14	15-21	18-24	21-27	24-30	27-33
	15	18-24	21-27	24-30	27-33	30-37
	16	21-27	24-30	27-33	30-37	33-41
	17	24-30	27-33	30-37	33-41	37-46
	18	27-33	30-37	33-41	37-46	41-51
	19	30-37	33-41	37-46	41-51	46-57
	20	33-41	37-46	41-51	46-57	51-63
	21	37-46	41-51	46-57	51-63	57-71
	22	41-51	46-57	51-63	57-71	63-78
	23	46-57	51-63	57-71	63-78	70-87
	24	51-63	57-71	63-78	70-87	77-96
	25	57-71	63-78	70-87	77-96	84-105
	26	63-78	70-87	78-97	84-105	92-115
	27	70-87	78-97	87-108	92-115	100-125
	28	78-97	87-108	97-121	100-125	110-137
	29	87-108	97-121	108-135	110-137	120-150
	30	97-121	108-135	121-151	120-150	130-162
	31	108-135	121-151	135-168	130-162	140-175
	32	121-151	135-168	151-188	140-175	151-188
	33	135-168	151-188	168-210	151-188	168-210
	34	151-188	168-210	188-235	168-210	188-235
	35	168-210	188-235	210-262	188-235	210-262
	36	188-235	210-262	235-293	210-262	235-293
	37	210-262	235-293	262-327	235-293	262-327
	38	235-293	262-327	292-365	262-327	292-365
	39	262-327	292-365	324-405	292-365	324-405
	40	292-365	324-405	360-life	324-405	360-life
	41	324-405	360-life	360-life	360-life	360-life
	42	360-life	360-life	360-life	360-life	360-life
	43	life	life	life	life	life

DeJesus, Gregorio

P57743 - J. Thomas

9

Adjustment for Obstruction of Justice

35. The probation officer has no information to suggest that the defendant impeded or obstructed justice at the time of the arrest, or during the investigation or prosecution of the offense.

Adjustment for Acceptance of Responsibility

36. During the presentence interview, the defendant stated he feels terrible about his involvement in the instant offense. He reported that he was unemployed and on the verge of hunger when he decided to sell drugs. DeJesus stated that he sold "meth pills" that he thought were ecstasy pills to an undercover police officer for profit. He related that he accepts responsibility for his actions and feels completely ashamed.

Offense Level Computation

37. The November 1, 2009, edition of the Guidelines Manual has been used in this case.

Count 1 - Conspiracy to Distribute NarcoticsEX-F

38. **Base Offense Level:** The guideline for a violation of 21 USC 846 is found in §2D1.1(a)(5). Pursuant to §2D1.1 Application Note 10(B), a single offense level is obtained where differing controlled substances are involved by converting each of the drugs to its marijuana equivalent. As stated in the offense conduct, the conspiracy involved 1,780.3 grams of 3,4 methylenedioxy-methamphetamine and 506.1 grams of methamphetamine. 1,780.3 grams of 3,4 methylenedioxy-methamphetamine converts to 890.15 kilograms of marijuana and 506.1 grams of methamphetamine converts to marijuana 1,012.1 kilograms to marijuana. The total amount of marijuana obtained from the conversion is 1,902.15 kilograms. Pursuant to §2D1.1(c)(4), since the sum of marijuana obtained from the conversion is at least 1,000 kilograms, but less than 3,000 kilograms of marijuana the base offense level is 32. 32
39. **Specific Offense Characteristic:** Pursuant to §2D1.1(b)(4), because the offense level involved the importation of methamphetamine, the defendant's offense level is increased 2 levels +2
40. **Victim-Related Adjustments:** None. 0
41. **Adjustments for Role in the Offense:** The defendant was responsible for obtaining and distributing the narcotics, and directing individuals in the distribution of Ecstasy and methamphetamine. Pursuant to § 3B1.1(c), the offense is increased two levels. +2
42. **Adjustment for Obstruction of Justice:** None. 0

Base Offense Level 32; Specific Offense Characteristic +2 Adjustment For Role In Offense +2; Acceptance Of Responsibility -2; Adjusted Offense Level -3, which gave Petitioner a Total of 31 points; plus Criminal History I, resulting in a Sentencing Range of (108-135 months). But based on the face of the indictment (31.1 grams of actual metaphetamine) Petitioner's Base Offense Level have been 25 and using the above additions and subtractions his Sentencing Range should have been in (57-71 months).

EXHIBIT A

3. The controlled substances involved in the offense were 500 grams and more of mixtures and substances containing a detectable amount of methamphetamine, in violation of Title 21, United States Codes, Sections 812, 841(a)(1) and 841(b)(1)(A) and 3,4 methylenedioxy-methamphetamine ("MDMA" or "Ecstasy"), in violation of Sections 812, 841(a)(1) and 841(b)(1)(C) of Title 21, United States Code. LX A

Overt Acts

4. In furtherance of the conspiracy and to effect the illegal object thereof, the following overt acts, among others, were committed in the Southern District of New York and elsewhere:

a. On or about April 30, 2009, EDY DeJESUS, a/k/a "The Engineer," the defendant, met with a confidential informant ("CI") in Queens, New York and agreed to sell the CI Ecstasy pills for \$2.90 to \$3.00 per pill.

b. On or about July 16, 2009, GREGORIO DeJESUS, a/k/a "Goyo," the defendant, provided 895 pills, each of which contained a mixture of caffeine and methamphetamine, to the CI in New York, New York.

c. On or about September 17, 2009, DANIEL ALEJANDRO MIRANDA-COLON, a/k/a "Jesus," the defendant, met with a CI in New York, New York and agreed to sell the CI Ecstasy pills for \$3.25 per pill.

(Title 21, United States Code, Section 846.)



U.S. Department of Justice
Drug Enforcement Administration

LABORATORY REPORT

TO: NEW YORK FIELD DIVISION

CASE NUMBER: [REDACTED]

FROM: NORTHEAST LABORATORY
99 TENTH AVENUE, SUITE 721
NEW YORK, NEW YORK 10011

RESULTS AND CONCLUSIONS:

Exh. No.	Lab No.	Active Drug Ingredient (Established or Common Name)	Gross Weight	Net Weight	Conc. Or Purity	Amount of Actual Drug	Reserve Weight
3	202029	methamphetamine hydrochloride	540.8g	494.8g (895 tablets)	34.8mg/tablet (+/- 2.2 mg/tablet*)	31.1g	493.3g (892.5 tablets)

EX
B(a)

Remarks:

Exhibit # 3 also contains caffeine.

* This value represents the quantitative uncertainty measurement estimate for the DEA laboratory system.

CINDY VITALE

Analyzed By: SENIOR FORENSIC CHEMIST

Date: 22-Jul-09

(Signature, Printed Name, Title)

THOMAS M. BLACKWELL

Approved By: LABORATORY DIRECTOR

Date: 7/30/09

(Signature, Printed Name, Title)

November 1, 1998

GUIDELINES MANUAL

§2D1.1

- At least 200 G but less than 350 G of Methamphetamine, or at least 40 G but less than 70 G of Methamphetamine (actual), or at least 40 G but less than 70 G of "Ice";
 - At least 4 G but less than 7 G of LSD (or the equivalent amount of other Schedule I or II Hallucinogens);
 - At least 160 G but less than 280 G of Fentanyl;
 - At least 40 G but less than 70 G of a Fentanyl Analogue;
 - At least 400 KG but less than 700 KG of Marihuana;
 - At least 80 KG but less than 140 KG of Hashish;
 - At least 8 KG but less than 14 KG of Hashish Oil.
- (7) ● At least 100 G but less than 400 G of Heroin (or the equivalent amount of other Schedule I or II Opiates); Level 26
- At least 500 G but less than 2 KG of Cocaine (or the equivalent amount of other Schedule I or II Stimulants);
- At least 5 G but less than 20 G of Cocaine Base;
- At least 100 G but less than 400 G of PCP, or at least 10 G but less than 40 G of PCP (actual);
- EX C ● At least 50 G but less than 200 G of Methamphetamine, or at least 10 G but less than 40 G of Methamphetamine (actual), or at least 10 G but less than 40 G of "Ice";
- At least 1 G but less than 4 G of LSD (or the equivalent amount of other Schedule I or II Hallucinogens);
- At least 40 G but less than 160 G of Fentanyl;
- At least 10 G but less than 40 G of a Fentanyl Analogue;
- At least 100 KG but less than 400 KG of Marihuana;
- At least 20 KG but less than 80 KG of Hashish;
- At least 2 KG but less than 8 KG of Hashish Oil.
- (8) ● At least 80 G but less than 100 G of Heroin (or the equivalent amount of other Schedule I or II Opiates); Level 24
- At least 400 G but less than 500 G of Cocaine (or the equivalent amount of other Schedule I or II Stimulants);
- At least 4 G but less than 5 G of Cocaine Base;
- At least 80 G but less than 100 G of PCP, or at least 8 G but less than 10 G of PCP (actual);
- At least 40 G but less than 50 G of Methamphetamine, or at least 8 G but less than 10 G of Methamphetamine (actual), or at least 8 G but less than 10 G of "Ice";
- At least 800 MG but less than 1 G of LSD (or the equivalent amount of other Schedule I or II Hallucinogens);
- At least 32 G but less than 40 G of Fentanyl;
- At least 8 G but less than 10 G of a Fentanyl Analogue;
- At least 80 KG but less than 100 KG of Marihuana;
- At least 16 KG but less than 20 KG of Hashish;
- At least 1.6 KG but less than 2 KG of Hashish Oil.
- (9) ● At least 60 G but less than 80 G of Heroin (or the equivalent amount of other Schedule I or II Opiates); Level 22
- At least 300 G but less than 400 G of Cocaine (or the equivalent amount of other

SENTENCING TABLE

EXHIBIT E

(in months of imprisonment)

Offense Level	Criminal History Category (Criminal History Points)					
	I (0 or 1)	II (2 or 3)	III (4, 5, 6)	IV (7, 8, 9)	V (10, 11, 12)	VI (13 or more)
1	0-6	0-6	0-6	0-6	0-6	0-6
2	0-6	0-6	0-6	0-6	0-6	1-7
3	0-6	0-6	0-6	0-6	2-8	3-9
4	0-6	0-6	0-6	2-8	4-10	6-12
5	0-6	0-6	1-7	4-10	6-12	9-15
6	0-6	1-7	2-8	6-12	9-15	12-18
7	0-6	2-8	4-10	8-14	12-18	15-21
8	0-6	4-10	6-12	10-16	15-21	18-24
9	4-10	6-12	8-14	12-18	18-24	21-27
10	6-12	8-14	10-16	15-21	21-27	24-30
11	8-14	10-16	12-18	18-24	24-30	27-33
12	10-16	12-18	15-21	21-27	27-33	30-37
13	12-18	15-21	18-24	24-30	30-37	33-41
14	15-21	18-24	21-27	27-33	33-41	37-46
15	18-24	21-27	24-30	30-37	37-46	41-51
16	21-27	24-30	27-33	33-41	41-51	46-57
17	24-30	27-33	30-37	37-46	46-57	51-63
18	27-33	30-37	33-41	41-51	51-63	57-71
19	30-37	33-41	37-46	46-57	57-71	63-78
20	33-41	37-46	41-51	51-63	63-78	70-87
21	37-46	41-51	46-57	57-71	70-87	77-96
22	41-51	46-57	51-63	63-78	77-96	84-105
23	46-57	51-63	57-71	70-87	84-105	92-115
24	51-63	57-71	63-78	77-96	92-115	100-125
25	57-71	63-78	70-87	84-105	100-125	110-137
26	63-78	70-87	78-97	92-115	110-137	120-150
27	70-87	78-97	87-108	100-125	120-150	130-162
28	78-97	87-108	97-121	110-137	130-162	140-175
29	87-108	97-121	108-135	121-151	140-175	151-188
30	97-121	108-135	121-151	135-168	151-188	168-210
31	108-135	121-151	135-168	151-188	168-210	188-235
32	121-151	135-168	151-188	168-210	188-235	210-262
33	135-168	151-188	168-210	188-235	210-262	235-293
34	151-188	168-210	188-235	210-262	235-293	262-327
35	168-210	188-235	210-262	235-293	262-327	292-365
36	188-235	210-262	235-293	262-327	292-365	324-405
37	210-262	235-293	262-327	292-365	324-405	360-life
38	235-293	262-327	292-365	324-405	360-life	360-life
39	262-327	292-365	324-405	360-life	360-life	360-life
40	292-365	324-405	360-life	360-life	360-life	360-life
41	324-405	360-life	360-life	360-life	360-life	360-life
42	360-life	360-life	360-life	360-life	360-life	360-life
43	life	life	life	life	life	life

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

-----X
BYRON RODAS

-against-

Civ. ____ () ()
**REQUEST TO PROCEED
IN FORMA PAUPERIS**

FAMILY SERVICES, INC.
RISC PROGRAM
KELLY BLUNT CLINICAL SUPERVISOR AT THE RISC
SHANNON TATE CLINICIAN AT THE RISC PROGRAM
-----X

I, Byron Rodas, am the plaintiff/petitioner in the above-entitled case and I hereby request to proceed *in forma pauperis* and without being required to prepay fee or costs or give security. I state that because of my poverty I am unable to pay the costs of said proceeding or to give security therefore, and that I believe I am entitled to redress.

1. If you are presently employed:
 - a) give the name and address of your employer
 - b) state the amount of your earnings per month

Not employed

2. If you are NOT PRESENTLY EMPLOYED:
 - a) state the date of start and termination of your last employment
 - b) state your earnings per month

MAY - 3 2014
PRO SE OFFICE

YOU MUST ANSWER THIS QUESTION EVEN IF YOU ARE INCARCERATED.

3. Have you received, within the past twelve months, any money from any source? If so, name the source and the amount of money you received.

- _____
- a) Are you receiving any public benefits? Yes ☐ No ☒, \$ _____.
- b) Do you receive any income from any other source? Yes ☐ No ☒, \$ _____.

4. Do you have any money, including any money in a checking or savings account? If, so, how much?

Yes ☐ No ☒, \$ _____

5. Do you own any apartment, house, building, stock, bonds, notes, automobiles or other property? If the answer is yes, describe the property and state its approximate value.

Yes ☒ No ☐, \$-60,000.

6. Do you pay for rent or for a mortgage? If so, how much each month?

Yes ☒ No ☐, \$2,500.

7. List the person(s) that you pay money to support and the amount you pay each month.
Denise Parmentier \$2,316

8. State any special financial circumstances which the Court should consider.

My wife and I are filing for Bankruptcy I don't know what if anything will be left over.

I understand that the Court shall dismiss this case if I give a false answer to any questions in this declaration.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 5 day of MAY, 2014.


Signature

Byron Rodas 1323273

United States District Court
Southern District of New York

PRISONER AUTHORIZATION

Mailed to Plaintiff by the Court on this date: _____

**RE: BYRON RODAS -v- FAMILY SERVICES, INC.
RISC PROGRAM
KELLY BLUNT CLINICAL SUPERVISOR AT THE RISC
SHANNON TATE CLINICIAN AT THE RISC PROGRAM**

NOTICE IS HEREBY GIVEN THAT THIS ACTION WILL BE DISMISSED UNLESS PLAINTIFF COMPLETES AND RETURNS THIS AUTHORIZATION FORM TO THIS COURT WITHIN FORTY-FIVE (45) DAYS FROM THE RETURN DATE OF THIS NOTICE.

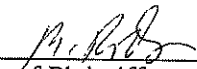
The Prison Litigation Reform Act ("PLRA" or "Act") amend the *in forma pauperis* statute (28 U.S.C. § 1915) and applies to your case. Under the PLRA, you are required to pay the full filing fee when bringing a civil action if you are currently incarcerated or detained in any facility. If you do not have sufficient funds in your prison account at the time your action is filed, the Court must assess and collect payments until the entire filing fee of \$350 has been paid, no matter what the outcome of the action.

SIGN AND DATE THE FOLLOWING AUTHORIZATION:

I, Byron Rodas (print or type your name), request and authorize the agency holding me in custody to sent to the Clerk of the United States District Court for the Southern District of New York, a certified copy of my prison account statement for the past six months. I further request and authorize the agency holding me in custody to calculate the amounts specified by 28 U.S.C. § 1915(b), to deduct those amounts from my prison trust fund account (or institutional equivalent), and to disburse those amounts to the United States District Court for the Southern District of New York. This authorization shall apply to any agency into whose custody I may be transferred.

I UNDERSTAND THAT MY SIGNING AND RETURNING THIS NOTICE TO THE COURT, THE ENTIRE COURT FILING FEE OF \$350 WILL BE PAID IN INSTALLMENTS BY AUTOMATIC DEDUCTIONS FROM MY PRISON TRUST FUND ACCOUNT EVEN IF MY CASE IS DISMISSED.

Date Signed 5, May, 2014


Signature of Plaintiff
N.Y.S.I.D.# 13R 3273
Local Jail/Facility I.D.# _____
Federal Bureau of Prisons I.D.# _____

UNITED STATES DISTRICT COURT FOR
THE SOUTHERN DISTRICT OF NEW YORK

-----X

BYRON RODAS,

Claimant,

vs.

FAMILY SERVICES, INC.

RISC PROGRAM

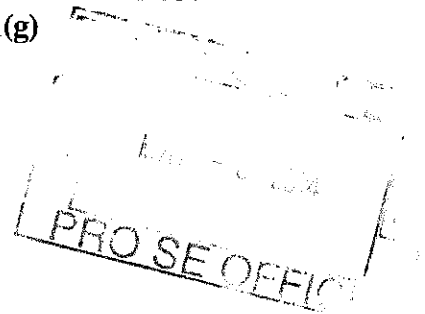
KELLY BLUNT CLINICAL SUPERVISOR AT THE RISC

SHANNON TATE CLINICIAN AT THE RISC PROGRAM

Defendant.

-----X

APPLICATION FOR
APPOINTMENT OF COUNSEL
Pursuant to 18 U.S.C.
§3006A(g)



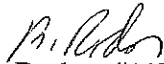
1. Name of applicant: *Byron Rodas*
2. Explain why you feel you need a lawyer in this case. (Use additional paper if necessary.)
I do not know the Court Rules and the case is complicated.
3. Explain what steps you have taken to find an attorney and with what results. (Use additional paper if necessary.)
4. I you need a lawyer who speaks in a language other than English, state what language you speak: *Spanish.*

I declare under penalty of perjury that my answers to the foregoing questions are true to the best of my knowledge. I understand that if I am assigned a lawyer and my lawyer learns, either from myself or elsewhere, that I can afford a lawyer, the lawyer may give this information to the Court.

I understand that if my answers on any application to Proceed In Forma Pauperis are false, my case can be dismissed.

Dated: 5, May, 2014

Respectfully submitted,


Byron Rodas, #13R3273
Claimant, "Pro-Se"

**IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF NEW YORK**

-----X
BYRON RODAS

Claimant,

AFFIDAVIT OF SERVICE

Docket No.

vs.

**FAMILY SERVICES, INC.
RISC PROGRAM
KELLY BLUNT CLINICAL SUPERVISOR AT THE RISC
SHANNON TATE CLINICIAN AT THE RISC PROGRAM**

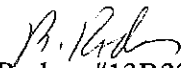
Defendants.

-----X

Claimant, Byron Rodas, affirms under penalty of perjury the foregoing:

That he has on the 5 day of May, 2014, served: with a true and accurate copy of this Claim along with my supporting by regular first class mail, by placing such in a properly sealed postage paid envelope and depositing same in a mailbox at Clinton Correctional Facility, to be mailed by the U.S. Postal Service.

Respectfully submitted,


Byron Rodas, #13R3273
Clinton Correctional Facility
P.O. Box 2001
Dannemora, New York 12929

cc: File

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

-----X
BYRON RODAS

-against-

Civ. () ()
REQUEST TO PROCEED
IN FORMA PAUPERIS

FAMILY SERVICES, INC.
RISC PROGRAM
KELLY BLUNT CLINICAL SUPERVISOR AT THE RISC
SHANNON TATE CLINICIAN AT THE RISC PROGRAM
-----X

I, Byron Rodas, am the plaintiff/petitioner in the above-entitled case and I hereby request to proceed *in forma pauperis* and without being required to prepay fee or costs or give security. I state that because of my poverty I am unable to pay the costs of said proceeding or to give security therefore, and that I believe I am entitled to redress.

1. If you are presently employed:
a) give the name and address of your employer
b) state the amount of your earnings per month

Not employed

2. If you are NOT PRESENTLY EMPLOYED:
a) state the date of start and termination of your last employment
b) state your earnings per month

MAY - 3 2014
PRO SE OFFICE

YOU MUST ANSWER THIS QUESTION EVEN IF YOU ARE INCARCERATED.

3. Have you received, within the past twelve months, any money from any source? If so, name the source and the amount of money you received.

- a) Are you receiving any public benefits? Yes ☐ No ☒, \$ _____
b) Do you receive any income from any other source? Yes ☐ No ☒, \$ _____

4. Do you have any money, including any money in a checking or savings account? If, so, how much?

Yes ☐ No ☒, \$ _____

5. Do you own any apartment, house, building, stock, bonds, notes, automobiles or other property? If the answer is yes, describe the property and state its approximate value.

Yes ☒ No ☐, \$-60,000.

6. Do you pay for rent or for a mortgage? If so, how much each month?

Yes ☒ No ☐, \$2,500.

7. List the person(s) that you pay money to support and the amount you pay each month.
Denise Parmentier \$2,316

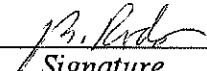
8. State any special financial circumstances which the Court should consider.

My wife and I are filing for Bankruptcy I don't know what if anything will be left over.

I understand that the Court shall dismiss this case if I give a false answer to any questions in this declaration.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 5 day of May, 2014


Signature

Byron Rodas 13R3273

United States District Court
Southern District of New York

PRISONER AUTHORIZATION

Mailed to Plaintiff by the Court on this date: _____

**RE: BYRON RODAS -v- FAMILY SERVICES, INC.
RISC PROGRAM
KELLY BLUNT CLINICAL SUPERVISOR AT THE RISC
SHANNON TATE CLINICIAN AT THE RISC PROGRAM**

NOTICE IS HEREBY GIVEN THAT THIS ACTION WILL BE DISMISSED UNLESS PLAINTIFF COMPLETES AND RETURNS THIS AUTHORIZATION FORM TO THIS COURT WITHIN FORTY-FIVE (45) DAYS FROM THE RETURN DATE OF THIS NOTICE.

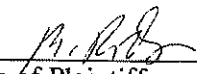
The Prison Litigation Reform Act ("PLRA" or "Act") amend the *in forma pauperis* statute (28 U.S.C. § 1915) and applies to your case. Under the PLRA, you are required to pay the full filing fee when bringing a civil action if you are currently incarcerated or detained in any facility. If you do not have sufficient funds in your prison account at the time your action is filed, the Court must assess and collect payments until the entire filing fee of \$350 has been paid, no matter what the outcome of the action.

SIGN AND DATE THE FOLLOWING AUTHORIZATION:

I, Byron Rodas (print or type your name), request and authorize the agency holding me in custody to sent to the Clerk of the United States District Court for the Southern District of New York, a certified copy of my prison account statement for the past six months. I further request and authorize the agency holding me in custody to calculate the amounts specified by 28 U.S.C. § 1915(b), to deduct those amounts from my prison trust fund account (or institutional equivalent), and to disburse those amounts to the United States District Court for the Southern District of New York. This authorization shall apply to any agency into whose custody I may be transferred.

I UNDERSTAND THAT MY SIGNING AND RETURNING THIS NOTICE TO THE COURT, THE ENTIRE COURT FILING FEE OF \$350 WILL BE PAID IN INSTALLMENTS BY AUTOMATIC DEDUCTIONS FROM MY PRISON TRUST FUND ACCOUNT EVEN IF MY CASE IS DISMISSED.

Date Signed 5, May, 2014



Signature of Plaintiff
N.Y.S.I.D. # 13R 3273
Local Jail/Facility I.D.# _____
Federal Bureau of Prisons I.D. # _____

UNITED STATES DISTRICT COURT FOR
THE SOUTHERN DISTRICT OF NEW YORK

-----X

BYRON RODAS,

Claimant,

vs.

FAMILY SERVICES, INC.

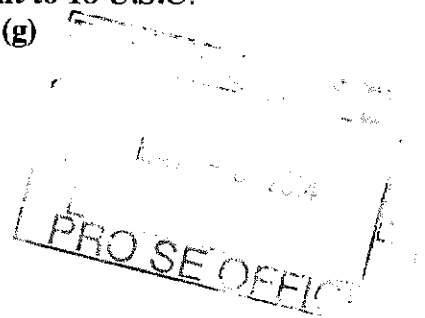
RISC PROGRAM

KELLY BLUNT CLINICAL SUPERVISOR AT THE RISC
SHANNON TATE CLINICIAN AT THE RISC PROGRAM

Defendant.

-----X

APPLICATION FOR
APPOINTMENT OF COUNSEL
Pursuant to 18 U.S.C.
§3006A(g)



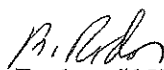
1. Name of applicant: *Byron Rodas*
2. Explain why you feel you need a lawyer in this case. (Use additional paper if necessary.)
I do not know the Court Rules and the case is complicated.
3. Explain what steps you have taken to find an attorney and with what results. (Use additional paper if necessary.)
4. I you need a lawyer who speaks in a language other than English, state what language you speak: *Spanish.*

I declare under penalty of perjury that my answers to the foregoing questions are true to the best of my knowledge. I understand that if I am assigned a lawyer and my lawyer learns, either from myself or elsewhere, that I can afford a lawyer, the lawyer may give this information to the Court.

I understand that if my answers on any application to Proceed In Forma Pauperis are false, my case can be dismissed.

Dated: 5, May, 2014

Respectfully submitted,


Byron Rodas, #13R3273
Claimant, "Pro-Se"

**IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF NEW YORK**

-----X

BYRON RODAS

Claimant,

AFFIDAVIT OF SERVICE

Docket No.

vs.

FAMILY SERVICES, INC.

RISC PROGRAM

KELLY BLUNT CLINICAL SUPERVISOR AT THE RISC

SHANNON TATE CLINICIAN AT THE RISC PROGRAM

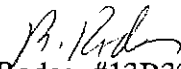
Defendants.

-----X

Claimant, Byron Rodas, affirms under penalty of perjury the foregoing:

That he has on the 5 day of May, 2014, served: with a true and accurate copy of this Claim along with my supporting by regular first class mail, by placing such in a properly sealed postage paid envelope and depositing same in a mailbox at Clinton Correctional Facility, to be mailed by the U.S. Postal Service.

Respectfully submitted,


Byron Rodas, #13R3273
Clinton Correctional Facility
P.O. Box 2001
Dannemora, New York 12929

cc: File

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK**

-----X
BYRON RODAS

-against-

COMPLAINT

Under the Civil Rights Act,
42 U.S.C. § 1983
(Prisoner Complaint)

**FAMILY SERVICES, INC.
RISC PROGRAM**

**KELLY BLUNT CLINICAL SUPERVISOR AT THE RISC
SHANNON TATE CLINICIAN AT THE RISC PROGRAM**
-----X

Jury Trial: ☒ Yes ☐ No

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiff's named. Attach additional sheets of paper as necessary.

Byron Rodas,
Clinton Correctional Facility Main
P.O. Box 2001
Dannemora, N.Y. 12929

- B. List all the defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

- Family services, Inc.
- Risc program
- Kelly Blunt, Clinical Supervisor at the Risc
- Shannon Tate, Clinician at the Risc Program

Family Services – Risc Program
29 North Hamilton
Poughkeepsie, N.Y. 12601

MAY - 8 2014
PRO SE OFFICE

II. Statement of Claim:

State as briefly as possible to facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

Facts

Byron Rodas was a client of Family Services, Inc attending their Risc (Relapse Intervention for sex crimes) program, the court's stipulation of interim supervision. The Plaintiff started the program (Risc) run by Family Services, Inc. on November 2012. At the time of acceptance into the Risc program, the plaintiff Byron Rodas was provided with the "Offender Client Handbook", which outlines the rules, regulations, and procedures of the Risc program.

Around the 15th week of treatment, (equivalent to 37.5 hours, of which 22.5 hours were introductory ones; 15 hours of group treatment) 3-19-13, I was asked to take a polygraph test (a contract between Risk and plaintiff were signed on 2-11-13 (for that purpose). After taking the polygraph the defendant Shannon Tate, told me not to come back to the Risc program until further notice.

On or about 6-4-12, and 6-24-13 defendant Kelly Blunt under oath provided misleading and false testimony, about the conduction of the plaintiff's treatment at the Risc Program. The plaintiff was never served of a copy of the discharge notice. Denying him the opportunity to proper defense or grievance the accounts. Even until this day plaintiff does not know for a fact the reason and kind of discharge he was given.

Plaintiff was discharged after only 15 weeks of the treatment in which not even one assignment from a book called the "Road of Freedom", their primary handbook, was assigned to plaintiff. The Risc Program is an on-going treatment, with a minimum of 2 years. Plaintiff fully complied with all of the rules and regulations mandated by the Risc program. The Risc Program did not give him a single evaluation, which is required to be twice a year (at the first 26 weeks into the program). He had 100% attendance, made all of his payments, submitted every homework assignment, and never had any verbal interventions. The polygraph test, according to the Risc Program's handbook, is to be used to set better treatment goals, and if he fails one of the polygraphs a second should take place according to the contract signed on 2-11-13.

Plaintiff was denied equal protection and due process of law as guaranteed by the Fourteenth amendment of the United States Constitution when he was not given an opportunity by the defendants prior to his discharge to state his objections thereto before said discharge from the Risc Program became effective nor was he provided of the proper discharge summary

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☐ No ☒

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s)

- B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☐ No ☐ Don't Know ☐

- C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☒ Don't Know ☐

If YES, which claim(s)? _____

- D. Did you file a grievance in the jail, prison or other correctional facility where your claim(s) arose?

Yes ☐ No ☒ Don't Know ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison or other correctional facility?

Yes ☐ No ☒ Don't Know ☐

- E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

1. Which claim(s) in this complaint did you grieve?

2. What was the result, if any?

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

If you did not file a grievance:

1. **If there are any reasons why you did not file a grievance, state them here:**
The facility did not give me an opportunity to grieve the situation. After telling me not to return to the program I was never given a discharge summary.
2. **If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any:** None

Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. *On several occasions I've attempted to communicate with defendant but to no avail.*

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

Relief Punitive Damages

- a) Plaintiff is seeking a monetary relief in the amount of \$5,000,000 from Shannon Tate for her participation an unprofessional (clinician) conduct that lead to plaintiff arbitrary and capricious discharge. Sued on her individual capacity.
- b) Plaintiff is seeking a monetary relief in the amount of \$5,000,000 from Kelly Blunt (clinical supervisor of the Risc Program) for her participation as an individual and as a representative person from the Risc Program (Family Services, Inc) on plaintiff arbitrary and capricious discharge. Sued on her individual capacity.
- c) Plaintiff is seeking a monetary relief in the amount of \$100,000,000 from Family, Service, Inc Risc program for failure to preserve and follow their own rules and regulations stipulated on the offender handbook.

Compensatory Damages

- d) Plaintiff is seeking a monetary award compensatory in the amount of \$75,000,000 from the Family Services Inc. Risc program for all the damaged in which plaintiff incurred and the amount of time he will have to spend to bring back his family his profession, his reputation, the psychological effects that are not visual at this time and the embarrassing time has to conform the for the rest of his life.
- e) Plaintiff is seeking monetary award compensatory in the amount of \$5,000,000 from Shannon Tate an individual social worker working for Risc Program, Family Services Inc. For her unprofessional unresponsive behavior that led to Plaintiff arbitrary and capricious discharge without proper due process of law. Discharge that cause plaintiff his life, liberty and property. Sued on her individual capacity.
- f) Plaintiff is seeking monetary award in the amount of \$5,000,000 from Kelly Blunt Clinical Supervisor in charge of Risk Program. An individual for her participation in plaintiff's arbitrary and capricious discharge without proper Due Process of law. Discharge that caused plaintiff his life, liberty and property. Sued on her individual capacity.
- g) Grant such other relief, as it may appear that plaintiff is entitled.

Plaintiff is seeking that amount of relief not knowing the grandiosity of damages cause to him by the arbitrary and capricious discharge, which is unlimited due to the new technology available, my reputation and other damages injuries. Like deprivation of Liberty, life property. My case as an effect of the unlawful discharge is of public opinion and searchable on the internet and all over the world.

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes _____ No ☒

If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 5 day of MAY, 2014.

Signature of Plaintiff _____

Byron Rodas Din# 13R3273

Clinton Correctional Facility Main

P.O. Box 2001

Dannemora, N.Y. 12929

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 5 day of MAY, 2014, I am delivering this complaint to prison authorities to be mailed to the Pro Se Office of the United States District Court for the Southern District of New York

Signature of Plaintiff _____

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Patrick Deese-Navas

Plaintiff

-vs-

Attica Correctional Facility

John Doe # 1

John Doe # 2

In their individual and official capacities Defendant(s)

MAY - 8 2014
**REQUEST TO PROCEED
IN FORMA PAUPERIS**

I, Patrick Deese-Navas, am the plaintiff in the above entitled case. I hereby request to proceed without being required to prepay fees or costs or give security therefore. I state that because of my poverty I am unable to pay the costs of said proceeding or to give security therefore, and I believe I am entitled to redress.

1. If you are presently employed:
- a) give the name and address of your employer
 - b) state the amount of your earnings per month

N/A

2. If you are **NOT PRESENTLY EMPLOYED**:
- a) state the date of start and termination of your last employment
 - b) state your earnings per month.

YOU MUST ANSWER THIS QUESTION EVEN IF YOU ARE INCARCERATED.

2007

3. Have you received, within the past twelve months, any money from any source? If so, name the source and the amount of money you received.

SST, Public Assistance

- a) Are you receiving any public benefits? ☒ No. ☐ Yes, \$ N/A
- b) Do you receive any income from any other source? ☒ No. ☐ Yes, \$ N/A

4. Do you have any money, including any money in a checking or savings account? If so, how much?

N/A

5. Do you own any apartment, house or building, stock, bonds, notes, automobiles or other property? If the answer is yes, describe the property and state its approximate value.

☒ No ☐ Yes, N/A

6. List the person(s) that you pay money to support and the amount you pay each month.

N/A

7. Do you pay for rent or for a mortgage? If so, how much each month?

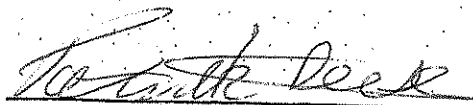
N/A

8. State any special financial circumstances which the Court should consider.

I understand that the Court shall dismiss this case if I give a false answer to any questions in this declaration. In addition, if I give a false answer I will be subject to the penalties for perjury.

I declare under the penalty of perjury that the foregoing is true and correct.

Signed this 8th day of April, 2014.



(signature)

United States District Court
Southern District of New York

PRISONER AUTHORIZATION

Mailed to Plaintiff by the Court this date: _____

RE: Patrick Deese-Navas v. Attica Correctional Facility

NOTICE IS HEREBY GIVEN THAT THIS ACTION WILL BE DISMISSED UNLESS PLAINTIFF COMPLETES AND RETURNS THIS AUTHORIZATION FORM TO THIS COURT WITHIN FORTY-FIVE (45) DAYS FROM THE DATE OF THIS NOTICE.

On April 26, 1996, the Prison Litigation reform Act ("PLRA" or "Act") was signed into law. This Act amends the in forma pauperis statute (28 U.S.C. § 1915) and applies to your case. Under these amendments, you are required to pay the full filing fee when bringing a civil action if you are currently incarcerated or detained in any facility. If you do not have sufficient funds in your prison account at the time your action is filed, the Court must assess and collect payments until the entire filing fee of \$150 has been paid, no matter what the outcome of the action.

SIGN AND DATE THE FOLLOWING AUTHORIZATION:

I, Patrick Deese-Navas, request and authorize the agency holding me in custody to send to the Clerk of the United States District Court for the Southern District of New York, a certified copy of my prison account statement for the past six months. I further request and authorize the agency holding me in custody to calculate the amounts specified by 28 U.S.C. § 1915(b), to deduct those amounts from my prison trust fund account (or institutional equivalent), and to disburse those amounts to the United States District Court for the Southern District of New York. This authorization shall apply to any agency into whose custody I may be transferred.

I UNDERSTAND THAT BY SIGNING AND RETURNING THIS NOTICE TO THE COURT, THE ENTIRE COURT FILING FEE OF \$150 WILL BE PAID IN INSTALLMENTS BY AUTOMATIC DEDUCTIONS FROM MY PRISON TRUST FUND ACCOUNT EVEN IF MY CASE IS DISMISSED.

Patrick Deese
Signature of Plaintiff

April 8th 2014
Date Signed

N.Y.S.I.D. # 06614804-H

Local Prison I.D. # 10-A-3062

Federal B.O.P. I.D. # _____

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Patrick Deese-Navas

Plaintiff

-vs-

Attien Correctional Facility

John Doe # 1

John Doe # 2

In their individual and official capacities Defendant(s)

MAY - 8 2014
PRO SE
REQUEST TO PROCEED
IN FORMA PAUPERIS

I, Patrick Deese-Navas, am the plaintiff in the above entitled case. I hereby request to proceed without being required to prepay fees or costs or give security therefore. I state that because of my poverty I am unable to pay the costs of said proceeding or to give security therefore, and I believe I am entitled to redress.

1. If you are presently employed:
- a) give the name and address of your employer
 - b) state the amount of your earnings per month

N/A

2. If you are NOT PRESENTLY EMPLOYED:
- a) state the date of start and termination of your last employment
 - b) state your earnings per month.

YOU MUST ANSWER THIS QUESTION EVEN IF YOU ARE INCARCERATED.

2007

3. Have you received, within the past twelve months, any money from any source? If so, name the source and the amount of money you received.

SSE, Public Assistance

a) Are you receiving any public benefits?

☒ No. ☐ Yes, \$ N/A

b) Do you receive any income from any other source?

☒ No. ☐ Yes, \$ N/A

4. Do you have any money, including any money in a checking or savings account? If so, how much?

N/A

5. Do you own any apartment, house or building, stock, bonds, notes, automobiles or other property? If the answer is yes, describe the property and state its approximate value.

☒ No ☐ Yes, N/A

6. List the person(s) that you pay money to support and the amount you pay each month.

N/A

7. Do you pay for rent or for a mortgage? If so, how much each month?

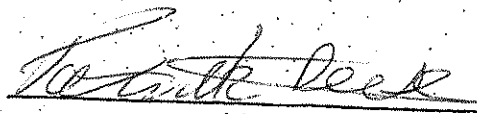
N/A

8. State any special financial circumstances which the Court should consider.

I understand that the Court shall dismiss this case if I give a false answer to any questions in this declaration. In addition, if I give a false answer I will be subject to the penalties for perjury.

I declare under the penalty of perjury that the foregoing is true and correct.

Signed this 8th day of April, 2014.


(signature)

United States District Court
Southern District of New York

PRISONER AUTHORIZATION

Mailed to Plaintiff by the Court this date: _____

RE: Patrick Deese-Navas v. Attica Correctional Facility

NOTICE IS HEREBY GIVEN THAT THIS ACTION WILL BE DISMISSED UNLESS PLAINTIFF COMPLETES AND RETURNS THIS AUTHORIZATION FORM TO THIS COURT WITHIN FORTY-FIVE (45) DAYS FROM THE DATE OF THIS NOTICE.

On April 26, 1996, the Prison Litigation reform Act ("PLRA" or "Act") was signed into law. This Act amends the *in forma pauperis* statute (28 U.S.C. § 1915) and applies to your case. Under these amendments, you are required to pay the full filing fee when bringing a civil action if you are currently incarcerated or detained in any facility. If you do not have sufficient funds in your prison account at the time your action is filed, the Court must assess and collect payments until the entire filing fee of \$150 has been paid, no matter what the outcome of the action.

SIGN AND DATE THE FOLLOWING AUTHORIZATION:

I, Patrick Deese-Navas, request and authorize the agency holding me in custody to send to the Clerk of the United States District Court for the Southern District of New York, a certified copy of my prison account statement for the past six months. I further request and authorize the agency holding me in custody to calculate the amounts specified by 28 U.S.C. § 1915(b), to deduct those amounts from my prison trust fund account (or institutional equivalent), and to disburse those amounts to the United States District Court for the Southern District of New York. This authorization shall apply to any agency into whose custody I may be transferred.

I UNDERSTAND THAT BY SIGNING AND RETURNING THIS NOTICE TO THE COURT, THE ENTIRE COURT FILING FEE OF \$150 WILL BE PAID IN INSTALLMENTS BY AUTOMATIC DEDUCTIONS FROM MY PRISON TRUST FUND ACCOUNT EVEN IF MY CASE IS DISMISSED.

Patrick Deese
Signature of Plaintiff

April 8th 2014
Date Signed

N.Y.S.I.D. # 06614804-H

Local Prison I.D. # 10-A-3062

Federal B.O.P. I.D. # _____

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKPatrick Deese-Navas

(In the space above enter the full name(s) of the plaintiff(s).)

COMPLAINT

under the

Civil Rights Act, 42 U.S.C. § 1983

v.

Defendant No. 1 Attica Correctional FacilityDefendant No. 2 Correctional Officer John Doe #1Defendant No. 3 Correctional Officer John Doe #2

Defendant No. 4

Defendant No. 5

Jury Trial: Yes ☒ No ☐
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. No addresses should be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name Patrick Deese-NavasID # 10-A-3062Current Institution Downstate Correctional FacilityAddress Box F Red School House RoadFishkill New York 12524-0445

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Attica Correctional Facility Shield # _____
 Where Currently Employed Attica Correctional Facility
 Address 639 Exchange Street
Attica New York 14011

Defendant No. 2 Name John Doe #1 Shield # _____
 Where Currently Employed Attica Correctional Facility
 Address 639 Exchange Street
Attica New York 14011

Defendant No. 3 Name Correctional officer John Doe #2 Shield # _____
 Where Currently Employed Attica Correctional Facility
 Address 639 Exchange Street
Attica New York 14011

Defendant No. 4 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 5 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? _____
Attica Correctional Facility

B. Where in the institution did the events giving rise to your claim(s) occur? _____
D-Block officer station

C. What date and approximate time did the events giving rise to your claim(s) occur? _____
November 14, 2012

D. Facts:

What
happened
to
you?Who
did
what?Was
anyone
else
involved?Who
else
saw
what
happened?

After a brief conversation with officer John Doe #12 he brought me to the officers station on D-Block where he told me to get on the wall I did and got patfrisked After I was patfrisked one of the officers told me to turn around. After I turned around I got pumblbed by the officers John Doe # 4 and John Doe #2. There were other officers standing very near who could have hit me but in truth I couldnt tell because I was hit too many times and then certainly John Doe #2 split my right eyebrow open. Afterwards I was cuffed and brought to the medical unit where I was treated for my injuries. Afterwards I was brought to the box where as to because of false reported tickets were written against me. I did nearly a year in the box in Marcy Correctional Facility's Regional Mental Health unit which is another class of the Special Housing Unit.

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. Cut eyebrow, swollen jaw,
and headache

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act of 1995, 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?
Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s): Attica Correctional Facility

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☒ No ☐ Do Not Know ☐

If YES, which claim(s)? _____

D. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose not cover some of your claim(s)?

Yes ☐ No ☒ Do Not Know ☐

If YES, which claim(s)? _____

E. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☐

F. If you did file a grievance, about the events described in this complaint, where did you file the grievance? Marcy Correctional Facility

1. Which claim(s) in this complaint did you grieve? Assault and injuries

2. What was the result, if any? An Inspector General came and talked to me, but nothing was done and I never got a final outcome report.

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. N/A

G. If you did not file a grievance, did you inform any officials of your claim(s)?

Yes _____ No _____

1. If YES, whom did you inform and when did you inform them? N/A

2. If NO, why not? N/A

I. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. I've written to the Inspector General/Deputy Commissioner

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the court to do for you. on the account of the officers actions which resulted to my pain and injuries, for the time I had to suffer for, along with the mental anguish I had endured which disturbs me deeply due to being mentally disabled. This conduct by the officers worsened my mental state by me dwelling in fear of other Department of Correction officers striking me again. Based on the ordeal I would like to ask the court for 200,000 dollars for the justice of for my pain and suffering and possible further punishment for the officers conduct, and having to spend unreasonable time in the box for actions that had not occurred by me.

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes _____ No /

On
these
claims

B. If your answer to A is YES, describe each lawsuit in questions 1 through 7 on the next page. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to this previous lawsuit:
Plaintiff N/A
Defendants N/A
2. Court (if federal court, name the district; if state court, name the county) N/A
3. Docket or Index number N/A
4. Name of Judge assigned to your case N/A
5. Approximate date of filing lawsuit N/A
6. Is the case still pending? Yes ☐ No ☒
If NO, give the approximate date of disposition N/A
7. What was the result of the case? (for example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) N/A

On
other
claims

D. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?
Yes ☐ No ☒

E. If your answer to D is YES, describe each lawsuit in questions 1 through 7 on the next page. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to this previous lawsuit:
Plaintiff N/A
Defendants N/A
2. Court (if federal court, name the district; if state court, name the county) N/A
3. Docket or Index number N/A
4. Name of Judge assigned to your case N/A
5. Approximate date of filing lawsuit: N/A
6. Is the case still pending? Yes ☐ No ☒
If NO, give the approximate date of disposition N/A
7. What was the result of the case? (for example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) N/A

Signed this 8th day of April, 2014. I declare under penalty of perjury that the foregoing is true and correct.

Signature of Plaintiff

Inmate Number

Mailing address

Patrick Deese
10-A-3062
Damstate Correctional Facility
Box F
Red Schoolhouse Road
Fishtail New York 12524-0445

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 8th day of April, 2014, I will deliver this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Patrick Deese

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Kenneth Eng

(In the space above enter the full name(s) of the plaintiff(s)/petitioner(s).)

-against-

FOX

Dan Casey

Nick Nantell

Circle of Confusion

Dan Jinks

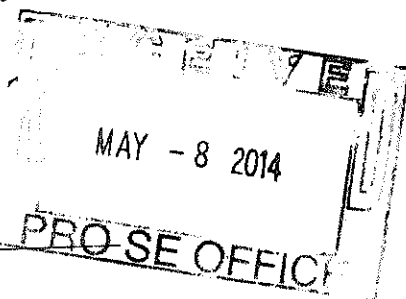
(In the space above enter the full name(s) of the defendant(s)/respondent(s).)

Civ. () ()

REQUEST TO PROCEED
IN FORMA PAUPERIS

I, Kenneth Eng, (print or type your name) am the plaintiff/petitioner in the above entitled case and I hereby request to proceed *in forma pauperis* and without being required to prepay fees or costs or give security. I state that because of my poverty I am unable to pay the costs of said proceeding or to give security therefor, and that I believe I am entitled to redress.

1. If you are presently employed:
- give the name and address of your employer
 - state the amount of your earnings per month



2. If you are NOT PRESENTLY EMPLOYED:
- state the date of start and termination of your last employment
 - state your earnings per month
- YOU MUST ANSWER THIS QUESTION EVEN IF YOU ARE INCARCERATED.**

October 14, 2013 to December 20, 2013, earned about 2,600 per month

3. Have you received, within the past twelve months, any money from any source? If so, name the source and the amount of money you received.

SSD

- a) Are you receiving any public benefits? ☐ No. ☒ Yes, \$525/mo.
- b) Do you receive any income from any other source? ☒ No. ☐ Yes, \$_____.

4. Do you have any money, including any money in a checking or savings account? If so, how much?

☐ No. ☒ Yes, \$800.

5. Do you own any apartment, house, or building, stock, bonds, notes, automobiles or other property? If the answer is yes, describe the property and state its approximate value.

☒ No. ☐ Yes, \$ _____.

6. Do you pay for rent or for a mortgage? If so, how much each month?

☐ No. ☐ Yes, _____.

7. List the person(s) that you pay money to support and the amount you pay each month.

8. State any special financial circumstances which the Court should consider.

Seeking employment is difficult because of the fact that I am an Asian Supremacist.

I understand that the Court shall dismiss this case if I give a false answer to any questions in this declaration.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 6 day of May, 2014.
date month year


Signature

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Kenneth Eng

(In the space above enter the full name(s) of the plaintiff(s)/petitioner(s).)

-against-

FOX

Dan Casey

Nick Nantell

Circle of Confusion

Dan Jinks

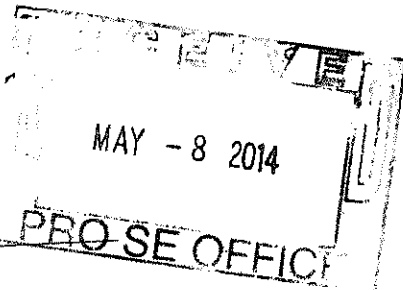
(In the space above enter the full name(s) of the defendant(s)/respondent(s).)

Civ. () ()

REQUEST TO PROCEED
IN FORMA PAUPERIS

I, Kenneth Eng, (print or type your name) am the plaintiff/petitioner in the above entitled case and I hereby request to proceed *in forma pauperis* and without being required to prepay fees or costs or give security. I state that because of my poverty I am unable to pay the costs of said proceeding or to give security therefor, and that I believe I am entitled to redress.

1. If you are presently employed:
- give the name and address of your employer
 - state the amount of your earnings per month



2. If you are NOT PRESENTLY EMPLOYED:
- state the date of start and termination of your last employment
 - state your earnings per month
- YOU MUST ANSWER THIS QUESTION EVEN IF YOU ARE INCARCERATED.**

October 14, 2013 to December 20, 2013, earned about 2,600 per month

3. Have you received, within the past twelve months, any money from any source? If so, name the source and the amount of money you received.

SSD

a) Are you receiving any public benefits?

☐ No.☒ Yes, \$525/mo.

b) Do you receive any income from any other source?

☒ No.☐ Yes, \$_____.

4. Do you have any money, including any money in a checking or savings account? If so, how much?

☐ No. ☒ Yes, \$800.

5. Do you own any apartment, house, or building, stock, bonds, notes, automobiles or other property? If the answer is yes, describe the property and state its approximate value.

☒ No. ☐ Yes, \$ _____.

6. Do you pay for rent or for a mortgage? If so, how much each month?

☐ No. ☐ Yes, _____.

7. List the person(s) that you pay money to support and the amount you pay each month.

8. State any special financial circumstances which the Court should consider.

Seeking employment is difficult because of the fact that I am an Asian Supremacist.

I understand that the Court shall dismiss this case if I give a false answer to any questions in this declaration.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 6 day of May, 2014.
date month year


Signature

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Kenneth Eng

4266 Saull Street

Flushing, NY 11352

(In the space above enter the full name(s) of the plaintiff(s).)

COMPLAINT

-against-

Dan Casey

Nick Nantell

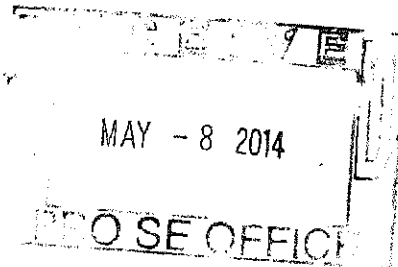
Circle of Confusion

FOX Group Legal

Dan Jinks

Jury Trial: ☐ Yes ☒ No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)



I. Parties in this complaint:

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name Kenneth Eng

Street Address 4266 Saull Street

County, City Flushing

State & Zip Code NY 11355

Telephone Number 917-573-9453

- B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name Dan Casey

Street Address 2121 Avenue of the Stars, Suite 700

✓ This is FOX's
address as
well

County, City LA
 State & Zip Code CA, 90067
 Telephone Number 310 369 3713

Defendant No. 2 Name Nick Nantell
 Street Address Same as above
 County, City _____
 State & Zip Code _____
 Telephone Number _____

Defendant No. 3 Name Dan Jinks
 Street Address Same as above
 County, City _____
 State & Zip Code _____
 Telephone Number _____

Defendant No. 4 Name Circle of Confusion
 Street Address Same as above
 County, City _____
 State & Zip Code _____
 Telephone Number _____

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? *(check all that apply)*

☒ Federal Questions

☐ Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? _____
 17 U.S. Code § 501

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship _____

Defendant(s) state(s) of citizenship _____

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events.

You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? _____
New York, Los Angeles

B. What date and approximate time did the events giving rise to your claim(s) occur? _____
December 20, 2012

C. Facts: _____
Dan Casey and Nick Nantell stole my script, The Theory of Everything. I am accusing them of acquiring my script from the Circle of Confusion, to whom I had submitted my writing in April 2009. Their script, which was originally a comic book, has been acquired by FOX, and is being produced. I have also seen a number of other films that involved the Circle of Confusion and have noticed striking similarities between their films and screenplays I had submitted to them. Their Theory of Everything is substantially similar to my Theory of Everything.

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

Dan Jinks is also involved in the production of the movie.

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. _____

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation. _____

I am seeking \$5,000,000 in compensation from all parties. _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 6 day of May, 2014.

Signature of Plaintiff



Mailing Address

4266 Saull Street

Flushing, NY 11355

Telephone Number

917-573-9453

Fax Number (if you have one)

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this _____ day of _____, 20__, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff: _____

Inmate Number _____

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKJonathan Green

(In the space above enter the full name(s) of the plaintiff(s) petitioner(s).)

Civ. () ()

-against-

REQUEST TO PROCEED
IN FORMA PAUPERISCity of New York

(In the space above enter the full name(s) of the defendant(s) respondent(s).)

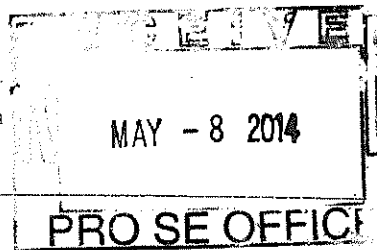
1. Jonathan Green

(print or type your name) am the plaintiff petitioner in the above entitled case and I hereby request to proceed *in forma pauperis* and without being required to prepay fees or costs or give security. I state that because of my poverty I am unable to pay the costs of said proceeding or to give security therefor, and that I believe I am entitled to redress.

1. If you are presently employed:

a) give the name and address of your employer

b) state the amount of your earnings per month

NONEN/A

2. If you are NOT PRESENTLY EMPLOYED:

a) state the date of start and termination of your last employment

b) state your earnings per month

YOU MUST ANSWER THIS QUESTION EVEN IF YOU ARE INCARCERATED.

NYS Dept of Corr Services

3. Have you received, within the past twelve months, any money from any source? If so, name the source and the amount of money you received.

NO

a) Are you receiving any public benefits?

☒ No.☐ Yes, \$

b) Do you receive any income from any other source?

☒ No.☐ Yes, \$

4. Do you have any money, including any money in a checking or savings account? If so, how much?

☒ No ☐ Yes, \$

5. Do you own any apartment, house, or building, stock, bonds, notes, automobiles or other property? If the answer is yes, describe the property and state its approximate value.

☒ No ☐ Yes, \$

6. Do you pay for rent or for a mortgage? If so, how much each month?

☒ No ☐ Yes, \$

7. List the person(s) that you pay money to support and the amount you pay each month.

Commissary, Postage, Barber Shop, Collect
phone calls, burden on family

8. State any special financial circumstances which the Court should consider.

We lost our daughter due to this poison
Help US get closure

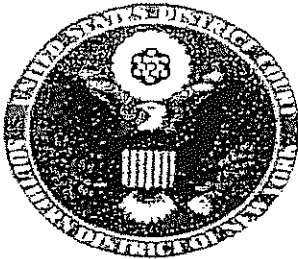
I understand that the Court shall dismiss this case if I give a false answer to any questions in this declaration.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 4 day of April 2014
date month year

Signature

Jonathan



UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

PRISONER AUTHORIZATION

Case Name: Jonathan Green v. City of New York
(Enter the full name of the plaintiff(s)) (Enter the full name of the defendant(s))

Docket No: No _____ Civ. _____ ()
(Enter the docket number, if available. If filing this with your complaint, you will not have a docket number.)

The Prison Litigation Reform Act ("PLRA" or "Act") amended the *in forma pauperis* statute (28 U.S.C. § 1915) and applies to your case. Under the PLRA, you are required to pay the full filing fee when bringing a civil action if you are currently incarcerated or detained at any facility. If you do not have sufficient funds in your prison account at the time your action is filed, the Court must assess and collect payments until the entire filing fee of \$350.00 has been paid, no matter what the outcome of the action.

SIGN AND DATE THE FOLLOWING AUTHORIZATION:

I, JONATHAN GREEN (print or type your name), request and authorize the agency holding me in custody to send to the Clerk of the United States District Court for the Southern District of New York, or, if this matter is transferred to another district court, to the Clerk of the transferee court, a certified copy of my prison account statement for the past six months. I further request and authorize the agency holding me in custody to calculate the amounts specified by 28 U.S.C. § 1915(b), to deduct those amounts from my prison trust fund account (or institutional equivalent), and to disburse those amounts to the United States District Court for the Southern District of New York. This authorization shall apply to any agency into whose custody I may be transferred, and to any other district court to which my case may be transferred and by which my poor person application may be decided.

I UNDERSTAND THAT BY SIGNING AND RETURNING THIS NOTICE TO THE COURT, THE ENTIRE COURT FILING FEE OF \$350.00 WILL BE PAID IN INSTALLMENTS BY AUTOMATIC DEDUCTIONS FROM MY PRISON TRUST FUND ACCOUNT EVEN IF MY CASE IS DISMISSED OR EVEN IF I VOLUNTARILY WITHDRAW THE CASE.

4 April 20 14
Date signed

Jonathan Green
Signature of Plaintiff
875-14-00452
Prisoner I.D. Number

R.N.D. C 74
Name of current facility

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKJohnathan Greene
Chanda Paradise

(In the space above enter the full name(s) of the plaintiff(s).)

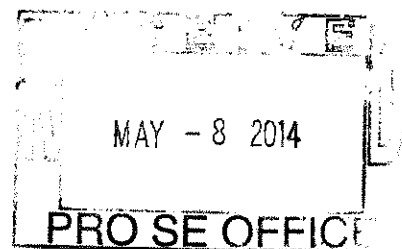
-against-

CITY of New York
Commissioner of Correction
Mayor Bloomberg
John Doe Judge
Wells Fargo Bank
Charles Rangel

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)Jury Trial: ☒ Yes ☐ No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)



I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name Johnathan Green / Chanda Paradise
ID # 875 14 00452
Current Institution R.N.D.C 74
Address 11-11 Hazen Street
EAST ELmhurst, N.Y. 11370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name Mayor Bloomberg Shield # _____
Where Currently Employed Grace Mansion
Address CITY HALL
N.Y. N.Y. 10007

Defendant No. 2

Name John Doe Judge Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 3

Name Commissioner of Correction Shield # _____
 Where Currently Employed _____
 Address 75-20 Astoria Blvd
East Elmhurst N.Y. 11370

Defendant No. 4

Name Charles Rangle Shield # _____
 Where Currently Employed _____
 Address 163 W 125 Street
N.Y. N.Y. 10027

Defendant No. 5

Name Wells Fargo Bank Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. In what institution did the events giving rise to your claim(s) occur?
11-11 Hazen Street R.N.D.C 74
EAST Elmhurst N.Y. 11370
- B. Where in the institution did the events giving rise to your claim(s) occur?
everywhere on Rikers, C74, C76, 95, H.D.M.
housing, 1st room, Messhall, yard, going to
Court.
- C. What date and approximate time did the events giving rise to your claim(s) occur?
3/25/2014 9:00 AM

D. Facts: _____

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

Trouble Breathing, Nausea, Vomiting, memory loss
Hard of Hearing, Dizziness, and blurred
vision, headaches,

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Rikers Island, R.N.D.C. 74, C76, C95

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☒ Do Not Know ☐

If YES, which claim(s)?

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☒ No ☐

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

R.N.D.C

1. Which claim(s) in this complaint did you grieve? The effects of Methane Gases, Unknow Illness

2. What was the result, if any? Grievance, Stated they refuse to look into this Matter.

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. Sent a copy of grievance to legal aid, prison right and US District Court. Judge Barr.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

2. If you did not file a grievance but informed any officials of your claim, state who you informed,

when and how, and their response, if any:

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. the Housing area representative Chair
men. of Inmate Counsel (Mr. Wingate)
Issue with the Warden at R.N.D.C.
and Chief of Department.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

Post Warnings in all areas and
occupancies for detainees in reference to
Methane gas poisoning. obtain independant
monitor to post levels of Methane gas in
detainees common areas.

Comper. Sany 35,000,000.00

forseeable 20000000000

Punitive 165,000,000.00

Treble 110,000,000.00

And for Such other and further relief as Deemed Just
and proper.

VI. Previous lawsuits:

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes No X

On
these
claims

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No _____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?
Yes _____ No X

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No _____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 4 day of April, 2014

Signature of Plaintiff

Jonathan Mee

Inmate Number

875 14 00452

Institution Address

11-11 Hazen Street
East Elmhurst, N.Y.
11370

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 11 day of April, 2014, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Jonathan Mee



United States District Court
SOUTHERN DISTRICT OF NEW YORK

ATTENTION PRO SE LITIGANTS

**new Electronic Case Filing (ECF) Rules 9.1 and 9.2, effective July 19, 2013,
regarding service of documents by filing on the ECF system**

After you mail or deliver a document to the Pro Se Office for filing, the Clerk's Office staff will scan and docket it onto the court's ECF system. The ECF system will then notify by email all other parties who have lawyers that you have filed a document, and those parties will be able to get a copy of the document. This docketing on ECF is deemed to be service under Rule 5(b) of the Federal Rules of Civil Procedure. **Therefore, if your documents are docketed on ECF, you will not have to mail them to any other parties who have lawyers, and you will not have to attach an affirmation of service to those documents.**

So that your documents can be properly docketed on ECF, make sure that they are in the right format – they should have original signatures, a caption, and a title. The court provides form documents, including a form motion, for you to complete.

New ECF Rules of the United States District Court
for the Southern District of New York

Effective July 19, 2013:

ECF Rule 9.1: In cases assigned to the ECF system, service is complete provided all parties receive a Notice of Electronic Filing (NEF), which is sent automatically by email from the Court (see the NEF for a list of who did/did not receive notice electronically). Transmission of the NEF constitutes service upon all Filing and Receiving Users who are listed as recipients of notice by electronic mail. It remains the duty of Filing and Receiving Users to maintain current contact information with the court and to regularly review the docket sheet of the case.

ECF Rule 9.2: Attorneys and *pro se* parties who are not Filing or Receiving Users must be served with a paper copy of any electronically filed pleading or other document. Service of such paper copy must be made according to the Federal Rules of Civil Procedure, the Federal Rules of Criminal Procedure and the Local Rules. Such paper service must be documented by electronically filing proof of service. Where the Clerk scans and electronically files pleadings and documents on behalf of a *pro se* party, the associated NEF constitutes service.

FACTS

The deponent has been Incarcerate on Rikers Island for a Noticed total of 29 years. This is from Several detentions of Record. The last detention was at a Combination, J.M.D.C '73, Am.K.C '95 H.D.M. C-76 R.N.D.C. 74 as well as the Tombs.

As I realize, from Reading and becoming Ill, My children mother (Chanda Paradise) work at LAGuardia Airport and the World Fair site, "which she work for years" she had experienced the same illness. Dizziness, headaches, vomiting ECT., And our Daughter (Ciarra Greene) that was Born and Die 9 1/2 months later of respirator failure, we were NOT aware of the exposure of this poisonous Gases. Until March 27, 2014.

There were no "Right to know" Laws in any of the Jails now posted.

The Death of my daughter was a Blow to me and My father, mother as well as My family. Such a young health Body was expose to these poisonous Gases, was unfair Emotional distress, Syndrome, Shock, Negligence and Deliberate Indifference, Are experiencing by her early death. And Suffer everyday.